THE

MEDICAL AND SURGICAL REPORTER.

No. 1929.

PHILADELPHIA, FEBRUARY 17, 1894.

Vol. LXX-No. 7

ORIGINAL ARTICLES.

A FEW CONSIDERATIONS ON THE SUBJECT OF CHOREA.

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We, who are prone to boast so much of the progress of modern medical science, were, no doubt, a little chagrined upon finding that he of the polished stone age, centuries before the building of the great pyramids, frequently and with success practiced trephining of the skull. In the light of this fact, no subject should be so time-worn or overburdened with literature, as to be of no interest to us in modern methods of medical investigation.

Our eagerness for prophylaxis, more rapid cures and better diagnosis, induces us to classify and generalize the great mass of written matter upon so common As Americans it a subject as chorea. may especially concern us to discuss a disease so sympathetic with our manners The great tension under which of living. our people are laboring industrially, politically and socially, is stamping them as the thin-blooded, restless, nervous One erudite penman has American. even accused us of creating a new disease-neurasthenia.

Closely associated to this is chorea, which is yet generally classed with the fast diminishing list of functional diseases. The symptoms of this disease scarcely need mentioning. It is the therapeutics, and more especially the etiology of the affection, that occupy the mind of the profession today, and upon these points there are yet wide differences of opinion. More than a score of causes of the disease are brought forward and defended by men in different parts of the world. Koch thinks it is not a neurosis, but due to a specific virus

of an infectious nature. Last year a prominent Frenchman associated the staphylococcus aureus and albus with chorea in the relation of cause and effect. It, probably, was only a coincidence. Good men yet consider the cause as emboli in the cerebral arteries. Lyman, of our own society, classifies the affection under functional diseases of the brain, and states. no doubt truthfully, that it is purely a functional disease. I ascertained by writing to about thirty, that the physicians of our own state generally think of the disease as a neurosis, yet a few did not commit themselves on the subject. Though looking upon it as a neurosis, nearly all of them incidentally mention rheumatism as a possible cause.

Though the association of chorea and rheumatism was first recognized many years ago, an absolute relation of cause and effect has never been established. Lewis of Philadelphia, in a paper read before the Association of American Physicians, held in Washington last May, spoke of the interdependence of chorea and rheumatism, which was commented upon by Mitchell, Jacobi, Lyman and others. The assertion that the virus of chorea and rheumatism is identical will, no doubt, be influenced by the fact that curative remedies of the former disease often have no effect whatever upon the latter.

The literature of the last few years is very well agreed on some points connected with the disease, viz:

(1.) That females are more liable to the disease in the proportion of two to one.

(2.) The negro is not quite, but largely exempt from the disease.

(3.) Relapses occur in about forty-five

per cent. of cases.

(4.) The disease shows a predilection for certain months of the year in the United States. This, however, is denied by Gowers, as the case in England.

(5.) No case is exempt; but from five years to puberty it is most common.

(6.) The mental faculties in most cases are considerably impaired.

(7.) The temperature of the body is unchanged.

(8.) It may affect only one side of the body, most frequently the left side.

(9.) There may be an hereditary predisposition to the disease, in which case it is incurable.

One of the points on which there is a difference of opinion is the electric excitability of the nerves. In two text-books, issued within the last year and-a-half, in this country, there are opposite statements upon this point. This, at first, may seem unimportant in studying the etiology of the disease, but when we remember the great similarity between electric and nerve forces-indeed, some believe them identical—the electric reaction of the nerves is by no means to be overlooked. That the organized body with its chemical changes is a great battery which creates and discharges nerve force is almost a self-evident proof.

In the electric paraphernalia of our offices, we must thoroughly understand the electro-motive force, intensity and constancy of our current, and the resistance which it encounters. These are facts we so seldom heed in the study of nervous diseases. In our materialistic age we rush madly on to the fray with those powerful weapons, scalpel, the test tube and microscope, forgetting that the very science we are creating is but the production of a higher science, that of the meutal and vital operations, which are so intimately associated with tissue metamorphosis that without their relation we have no life. The mind and body have been evolved together, and should be a mutual fit.

The physical environments and mental facts cannot properly be studied apart from one another. To understand the nerve as a recipient of centrifugal impressions and as a conductor of force; and to understand the impression itself, is of the

utmost importance in the study of such a disease as chorea. That the disease is often due to an intoxication of the centers of co-ordination seems probable from the many diverse signs we meet; yet the co-ordinate center need not necessarily be the affected area. Is it not possible that the conductivity of the axis cylinder is diminished or that the insulation has undergone a chemical change, which interferes with the transmission of the motor impulse? Chlorosis is so common in chorea as to suggest that the whole nervous system lacks some important element, probably oxygen.

The derangement is not necessarily in the brain, as a division of the cord is not followed by a cessation of bodily contortions. The fibres of the peripheral nerve trunks are liable to degenerations independent of lesions of the cerebro-spinal axis; and these changes may exist in chorea, thus interfering with force discharge and transmission; giving an uneven current, such as we have in a defec-

tive Faradic machine.

Thus the relations of the mental and motor energies are broken. They no longer go hand in hand; the motor units being irregularly discharged or transmitted in spite of the mental rheostat.

The molecular waves of force have no controlling influence, and, if they coincide, the intensity of their effect is increased; but if they stumble one over another, self-neutralization and inhibition take place, all objectively manifested in the abnormal

rhythm of muscular action.

Chorea from fright is, perhaps, best explained in this manner, the great mental shock replacing for a time, or interfering with the rheostatic action of the mind. This irregular discharge need not depend on macro- or microscopical lesions. The changes, probably, are as wholly beyond detection as they are in neurasthenia. Just why some metals are better conductors of electricity than others is not fully known; no more do we know why one person is of a neurotic and another of a phlegmatic temperament, unless that subtle relation of mind and matter, that current controller of the human body is different in the two individuals in the chemical part of its constitution.

A disease dependent upon such a derangement would certainly be deemed a

functional one.

A case of chores with one peculiar feature came under my observation within the year. It was a strong, unmarried The exciting lady of twenty years. cause seemed to be grief. The muscular spasms came at regular intervals, about four per minute, and affected nearly all of the voluntary muscles of the body. As regular as clock-work, a violent muscular spasm, of only an instant's duration, shot through the body. The reflexes were normal and the patient felt perfectly well otherwise. There was an hereditary taint, a cousin or two having suffered from incurable chorea. To me the peculiar feature was, that by firm pressure on the first dorsal nerve of the right side, where the nerve passes over the spine of the scapula, the spasm could for a time be wholly surpressed, and at all times be greatly ameli-I discovered this only by accident. No anatomical changes could be seen at this point. Under heavy doses of antipyrin, recovery took place in about one week. Will some one explain why pressure on the point indicated above arrested the spasms, or whether I was mistaken in my diagnosis?

Sinkler gives a very interesting paper in the Medical Record, on hereditary or Huntington's chorea, in which he reports and re-reports a number of cases, carefully showing the hereditary tendency of the disease. He admits the pathology to be still unknown, but thinks it probably due to developmental defects. He calls attention to the fact that mental deterioration occurs in most cases, many of them landing in the insane asylum. He concludes that there are two varieties of this form of the disease, the division depending upon

the time of mental degradation.

Many other papers, meritorious and common place, have been written during the year on chorea, offering nothing

especially new on the subject.

Although chorea tends toward a spontaneous recovery, many cases are troublesome and even incurable, hence demand the best skill and care of every conscientious practitioner. The treatment of the disease in the last three or four years has undergone a considerable variation. Starr says the neurotic element, perhaps, is the one requiring attention. All peripheral irritations, such as intestinal worms, undue excitement, etc., must be removed. The condition of the blood is one of the

prime factors in the treatment of chorea, hence the universal use of iron and arsenic. While these are, perhaps, our most valuable remedies, arsenic is not an ideal one. But a short time ago, The Lancet reported a frightful case of pigmentation of the skin and paralysis, from the administration of the drug in chorea.

However wonderful the results of this remedy alone, we will hardly assume its power to remove cerebral emboli, neutralizing the rheumatic virus or changing the specific gravity of the optic thalamus, all accidental conditions that have been

thought causative in chorea.

Antipyrin is rapidly coming to the front as a very valuable drug in chorea. The French are using it extensively and give very gratifying reports as to its efficacy.

Personally, in a few cases I have found it very efficient, even with its doubtful action upon the red blood corpuscles.

It is used in doses of from fifteen to sixty grains per day, associated with the same amount of sodium bicarbonate.

It often gives very rapid results. See recommends a combination of antipyrin and arsenic.

Electricity is recommended by a few, but the great majority of clinicians find it of little or no value. In rheumatic subjects the salicylates, or oil of wintergreen, should always be combined with the other remedies. It is very interesting to note that hypnotism or commanding the patient to remain quiet has been successful in treating chorea, within the past year. What a wide range for speculation this fact gives to the deductive mind. Is it not an excellent illustration of the possibility that the choreic movements are a direct outcome of those delicate, subtle changes, of which we know so little, under the direct control of the will?

Luys claims to cure these by means of revolving mirrors, which exert an influence only through the channels of the mind. He also claims that these cases are the most common ones we meet. It is not generally known—at least not practiced—that prolonged sleep in cases of chorea gives the happiest of results. Joffray recommends for the induction of sleep in these cases, chloral hydrate.

THE Philadelphia Board of Health has refused to declare consumption a contagious disease.—Pub. Opinion.

COMMUNICATIONS.

THE DANGERS OF INFECTION BY PERSONAL CONTACT WITH DISEASES NOT REGARDED AS ACTIVELY CONTAGIOUS OR INFECTIOUS.

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[ABSTRACT.]

As no pretense will be made for any claim to priority for the subject of the remarks I have to make, I shall offer no apology for bringing to your notice a few of the facts on "the dangers of infection by personal contact with diseases not regarded as actively contagious or infectious." Nevertheless, I cannot hope to escape criticism at first sight by those who may believe that the discussion of this subject is untimely, in that special reference will be made to the double occupancy of beds which has been the rule observed by our ancestors from time immemorial, and it may be thought good enough for us now.

I am not unprepared to hear any reasonable amount of criticism, and I shall take refuge against it in the light of an advanced state of observation, which has given us more accurate knowledge and has replaced sophism by logical conclusions which physiological facts have shown to be more in accord with the laws of self preservation.

For many years there have been certain diseases recognized as not contagious or infectious, and yet persons who were known to be in good health before coming in contact with those afflicted by them. often became their victims. The mate ries morbi, which were at work causing many diseases, were accounted for hypothetically only, until Koch announced his discovery of the germ of consumption. Then it was that important light was thrown upon the spread of diseases which had hitherto been shrouded in mystery. Since Koch's important discovery of the tubercle bacillus, the science of mycology has received new impetus, and it is making rapid progress in the search for truths.

The danger of certain insidious diseases being transmitted by contagion or infection, before Koch's discovery was too little regarded by physicians. Now the importance of prevention is being fully appre-

ciated, and it is receiving careful consideration at the hands of physicians and others whose duty it is to protect the health of those whose lives are entrusted to them.

Another important and more recent discovery has been found in the fact that there are certain disease germs which do not live in the normal air, and others that do live and thrive in it. Whether or not this peculiarity applies to any of the germs found in the diseases of the air passages, I have seen no mention made of it.

Now, let us consider the character of the excretions and exhalations which are present in every person in a state of health, and we find certain poisonous ingredients which render their immediate atmosphere impure. When these poisonous products are inhaled, they tend to weaken vitality and render the recipient more susceptible to the action of disease germs, while had these products been first subjected to the free air, their properties would have been changed and made inert.

In those suffering from disease, more poisonous products are present in their immediate surroundings, and in addition there are disease germs awaiting a suitable soil in which to grow and multiply.

There are many diseases of the air passages, indeed nearly all of those affecting the mucous membranes, that are now recognized as contagions or infectious, as well as the more insidious disorders which affect the lungs. Contact with these diseases render the subjects more liable to be infected by them. Children sleeping together in the same bed often convey the seeds of disease to each other through the respired air, which a distance of a few feet from each other might have prevented.

Imagine, by way of illustration, two persons occupying the same bed, one of which is sick and the other is well; the well one is inhaling the breath as it leaves the nostrils of the sick, warm and laden with its millions of disease germs, and it will be readily understood how even insidious diseases not actively contagious or infectious may be transmitted to others. There are few physicians who have not been brought face to face with the sad scene of a house deprived of its most useful member for the want of precaution against those insidious germs which were conveyed from the lips or in the respired air from the lungs of a bedfellow who was the victim of consumption. It is, therefore, no longer any surprise to find that the husband or wife has become the subject of consumption after sleeping in the bed together, one of which being a victim to that insidious malady which knows no foe.

The remedy of this evil suggests itself, and it has already received some recognition abroad. Do away with the use of double beds, and replace them by single ones furnished with separate clothing. The same room may be occupied by the husband and wife, and the beds may be placed near enough to each other for companionship. This arrangement of the beds will cause the poisonous products of the exhalation of persons to become diluted and changed by the air, and rendered less injurious to health when again inhaled.

The advantages to be derived from the use of single beds will become apparent for reasons other than for the prevention of the disease. The arrangement will, in most cases, tend to preserve the sense of delicacy which closer contact sometimes dulls. Again, when persons are fatigued from overwork or mental worry which give rise to insomnia, and cause them to become restless and roll about, or, when necessity compels them to leave the bed, the companion will not be awakened or otherwise disturbed. There are many other disagreeable features which annoy sensitive and wakeful persons, who occupy together double beds, such as heavy breathing, snoring, and other strange respiratory sounds, which distance would render much more endurable. Late or irregular hours on the part of a companion for retiring, often awaken the sleeper and his sleep is over for that night.

Many other illustrations might be given to show the injurious effect of persons sleeping together in double beds.

We live in an age of reason and observation, and as guardians of the public health, true to our trusts, it is our duty to consider matters of such vital importance as I have referred to in this short essay.

PROCIDENTIA UTERI.*

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The condition of procidentia uteri is of importance to the practitioner because of the frequency with which it exists, and because of its curability when properly treated. Without proper treatment it becomes progressively worse, until finally, in some cases, such changes ensue in the posterior vaginal wall and pelvic floor that its curability is questionable. In order to appreciate the treatment of procidentia it is necessary to refer to the factors engaged in maintaining the pelvic organs in their normal relations, and also to the causes which tend to produce their downward displacement, and especially to the displacement of the uterus. The tendency is strong to consider the uterus separate and apart from the other pelvic organs, especially in relation to the causes of its

displacement. This tendency is unphilosophical and results in confusion and in erroneous inferences. In general, the same factors preserve all of the pelvic organs in their normal relations, and the same factors are at work in the displacement of each and all of these viscera. The influence of atmospheric pressure in maintaining the pelvic viscera in their normal relations is frequently overlooked. The peritoneal cavity is a shut sac immediately in relation with the thoracic cavity, being separated therefrom by the dia-As under normal conditions the urethra, vagina and rectum are closed canals, impervious to air, it follows that atmospheric pressure has a very positive effect in maintaining the pelvic viscera at a certain level. This level is fairly constant, as the capacity of the thorax (which has a free communication with the exter-

^{*} Read before the Obstetrical Society of Philadelphia, January 4, 1894.

nal air) is fairly constant. This influence of atmospheric pressure has been treated of by writers, especially by Thomas, under the heading of "The Retentive Power of the Abdomen." Atmospheric pressure is the constant factor giving the abdomen retentive power. Variations in the tonicity of the abdominal muscles interfere with this function; and when the abdominal walls become very lax from over-distention, or from atrophic changes, this factor in maintaining the normal status of the pelvic viscera becomes largely inoperative.

Habits of dress also modify the influence of the intra-abdominal pressure in maintaining the pelvic viscera in position. The use of tight corsets, by restricting the excursions of the diaphragm, tends to prevent the ascent of the pelvic viscera which takes place normally with each expiration. Also, by displacing the abdominal viscera downward and forcing the bowels down upon the pelvic organs, tight lacing acts by driving downward the pelvic contents. Tight lacing kept up for a long period of time, acts further by inducing an atonic condition of the muscles of the trunk, thereby interfering with the normal intra-abdominal pressure, and with the so-called retentive power of the abdomen.

Another factor which is not much dwelt upon is the adipose tissue which is present in the pelvis. When a woman becomes rather suddenlie and markedly emaciated, the loss of adipose tissue in the pelvis favors the displacement of the pelvic viscera. During and after the time of the menopause, when the fatty tissues about the genitalia very generally undergo absorption, displacement of the pelvic viscera often occurs. Prior to this time, in many cases, although various injuries which favor displacement may have been sustained, yet, owing to the presence of the fatty tissue, displacement does not result. In these cases, after the atrophy of the fatty tissues occurs, prolapse of the pelvic viscera takes place.

Other factors, not directly connected with the pelvic structures themselves, which must be considered are certain habits of patients. Too laborious work favors displacement of the pelvic organs, especially when their proper supports are for any reason weakened. As a rule, those who are called upon to do laborious work have vigorous muscular systems, and with intact pelvic organs no harmful con-

sequences ensue. Such consequences are most apt to ensue when a feeble woman is called upon to do extremely heavy work, or when such work is performed by one who has suffered injury to the pelvic supports.

Constipation favors prolapse of the pelvic viscera for very much the same reason as does too laborious work—the straining at stool accomplishing the same result as the too laborious work. Constipation acts also by favoring pelvic congestion, which, no matter how induced, always favors displacement of the viscera by inducing laxity of the tissues.

These general considerations are of importance, not only as permitting the proper appreciation of the causes which underly displacement of the pelvic viscera, but also for the very great assistance in the curative treatment of these disorders which a proper appreciation of the above facts afford.

More important, however, than the forgoing are the proper supports of the pelvic organs themselves. In women, as in men, the entire pelvic contents are supported by the action of the levator ani muscles, the pelvic fasciæ, the sacro-sciatic ligaments and the pelvic connective tissues. It is true that the peritoneum and the connective tissue which lies under it affords some additional support from above. The bladder, the womb and its appendages, the vagina and the rectum, and the super-imposed, small intestines are all supported by the structures referred to. They make up the pelvic floor, and upon their integrity the normal position of the pelvic viscera depends. The connecting tissue of the peritoneum about the bladder and also about the rectum and the other organs has a minor influence in fixing within. certain limits these organs. The uterus, more especially, receives other support than that of the pelvic floor-the uterosacral, the broad and the round ligaments affording a certain amount of support to this organ. The careful study of the whole subject, however, is convincing that these ligaments, and the retentive power of the abdomen, brought about by the atmospheric pressure, are of importance, rather as maintaining the uterus in its normal position of anteflexion than in keeping it at a certain plane in the pelvis. Undoubtedly, these factors have a certain influence in preventing downward displacement of the uterus, but all combined they are not of so much importance as is

the normal pelvic floor.

The principal support which maintains the pelvic viscera in their normal relations is the pelvic floor, the most important structures in which are the levator ani muscles and the pelvic fasciæ. Upon the integrity of these structures the support of the pelvic viscera depends. When these structures no longer perform their normal functions, either because of atrophy or because of laceration of their tissues, downward displacement of the pelvic viscera is favored. This point cannot be too strongly insisted upon; nor can it be made too clear that these are the structures of importance in giving support to the rectum, vagina, bladder and uterus, rather than an imaginary structure formerly known as

the perineal body.

The old theory that the perineal body was the prime factor in pelvic support must be definitely abandoned, because it is based in error. There is no such structure as the perineal body. The tissues between the lower end of the vagina and the rectum are certain slips of the levator ani muscles, the transversus perinei muscles, the deep and superficial fasciæ, connective tissue, blood-vessels and nerves, and the bulbo-cavernosus muscle. The ends of these slips of muscle unite in the median line, forming a somewhat tendinous union. The amount of tissue between the rectum and vagina is very much overestimated. Any one can demonstrate that this septum is scarcely more than a third of an inch in thickness if he will examine a nulliparous woman, placing the thumb in the vagina and the forefinger in the rectum. an examination will dispel from his mind any idea which he may have had that there is a large wedge-shaped mass of tissue situated between these two canals, which, in virtue of its size and shape, holds up the pelvic organs.

Women having the greatest amount of tissue between the anus and posterior commissure of the vulva, have really the least support for their pelvic organs. This fact, so directly at variance with the ancient teaching upon this subject, is easily explained. When the levator ani muscle, or a part of it, has been torn through, the pelvic floor drops down, and if the skin over the perineum has not been ruptured it stretches out. The anus drops down toward the feet and back toward

the coccyx, so that the skin between the anus and the vulva is put upon the stretch. These facts are easily capable of demonstration, and any one who doubts them can easily satisfy himself of their correctness. They show also that visual inspection of the perineal region is insufficient to test its integrity. Cases which have appeared to receive no injury, may have severe lacerations within the vulva; and other cases which appear to have been badly torn because of the involvement of the skin over the perineum, may, in reality, have escaped without injury to the deeper and important structures of the pelvic floor. amination, to be complete, must include palpation of the levator muscles to test their powers of resistance when drawn upon by the palpating fingers.

The physiology of the support of the pelvic viscera appears to be as follows: The rectum and vagina receive direct support from the levator muscles. Their orifices are kept closed partly by the action of these muscles, and partly by the sphincter ani and bulbo cavernosis muscles. The anterior wall of the vagina and the bladder are supported upon the posterior wall of the vagina; and the uterus and its appendages are supported upon these structures. The connective tissue attachments of the organs named, of course, are of service in limiting their mobility; and, in addition, the proper supports of the uterus are of

much importance.

When all of the factors concerned in maintaining the pelvic organs in their proper relations are normal, these organs are retained in their proper positions. Their downward displacement is due either to increased pressure from above, or to diminished support from below, or to both. The influence of heavy lifting, of tight lacing, and of constipation, and of emaciation, in favoring displacement, have been Two other causes remain, considered. one is retro-displacement of the uterus. and the other is increase in the size and weight of the uterus. The influence of the second cause in favoring downward displacement is so clear that it is unnecessary to enlarge upon it. The influence of retro-displacement in favoring descent of the uterus is equally clear, if the anatomical and physical relations of the pelvic viscers are remembered. The uterus, in its normal position of ante-flexion, lies with its axis at an acute angle with the

vagina; indeed, when the bladder is empty, the fundus of the uterus approaches very close to the anterior wall of the vagina. In this position, when the uterus is forced downward, it simply tends to push the anterior wall of the vagina against the posterior wall, when it meets with the resistance of the pelvic floor; hence the vagina is not distended. In this position the force of the intraabdominal pressure falls upon the posterior wall of the uterus, and maintains the uterus in its normal anti-flexed position. If, for any reason, the uterus becomes retro-displaced, its axis becomes parallel, or almost parallel, with the axis of the Intra-abdominal pressure falls upon the fundus and anterior wall of the uterus and the vesico-uterine pouch, and tends not to drive the cervix and the anterior vaginal wall against the posterior vaginal wall, but to drive the whole uterus downward along the axis of the vagina; thus to a greater or less degree, inverting the vagina in its descent. In this malposition of the uterus, intra-abdominal pressure, instead of being a conservative force tending to maintain the uterus at a certain level, becomes a factor of evil tending to produce procidentia uteri and prolapse of the bladder. The degree to which these displacements are carried depends, of course, upon the amount of intra-abdominal pressure, upon the laxity of the tissues in an individual case, and upon the amount of resistance met with from the pelvic floor. So much for the causes acting from above.

When the pelvic floor becomes weakened, either by laceration or atrophy of its structures, adequate support to the pelvic viscera is no longer afforded. The pelvic floor drops downward and backward, the introitus vaginæ gapes open, the posterior wall of the vagina drops away from the anterior wall, the rectum tends to bulge forward through the gaping vulva, constituting a rectocele; the anterior wall of the vagina and the bladder tend to prolapse into the introitus, constituting a cystocele; and in turn the uterus tends to come down (partly from lack of support, and partly through the influence of pressure from above), constituting a prolapsus or procidentia uteri.

The proper study of every case of procidentia involves a careful investigation into each of these factors which may be

concerned in its production, and upon the proper recognition of exactly what underlies each case, depends the scientific and curable treatment of the disorder.

In my experience, by far the most important cause of procidentia, is laceration of the pelvic floor, especially lacerations involving the levator ani muscle and pelvic fascia. This injury is the primary cause of procidentia in ninety-nine per cent. of the cases which come under my observation. I see numerous cases of slight prolapsus or descensus uteri, where the uterus simply descends one inch, or an inch and a half, which are due to other causes than a torn pelvic floor. Such causes as tight lacing, hard work, constipation, pelvic congestion, etc., can bring this about. But in my experience these causes, broadly speaking, are incapable of producing complete procidentia of the uterus. are exceptions to this rule, but only one has come under my observation. was a case of complete procidentia in a nulliparious woman having lax tissues, who had been compelled to do laborious work with heavy lifting. Her uterus doubtless had become retroverted, then prolapsed, and, finally, had been forced down so low that it protruded between the labia. This woman had a lax, but intact pelvic floor. She was cured by changing her occupation, the use of tampons for a time, followed by a Smith-Hodge pessary.

Treatment.—As the primary cause of procidentia is a torn pelvic floor, it follows that if lacerations of the pelvic floor were properly repaired at the time of their occurrence, or shortly thereafter, that procidentia uteri would be prevented. In other words, the way to prevent procidentia uteri is to do immediate perineorrhaphy in all cases of laceration of the pelvic floor following labor. It is unnecessary at this time to go into the details concerning the technique of immediate perineorrhaphy. I shall simply say, that in this operation the sutures should be placed just as carefully, and in the same manner as for the secondary operation. The patient should be anæsthetized, the parts well exposed, and the suturing begun at the upper angle of the tear, no matter how high up this may be. The sutures should be tied as they are introduced, so that when the last suture is introduced and tied, the operation is completed. Immediate perineorrhaphy can be done at any time within

twenty-four hours after labor, and doubtless even later, with complete success. If, however, the suturing is postponed more than six hours after the injury has occurred, it is better to freshen the raw surfaces by scraping them with a knife. These lacerations will be found, almost invariably, to extend up one or both sulci of the vagina. They are never median, unless the tear extends through the sphincter ani, and then splits the rectovaginal septum. It is far better to postpone immediate perineorrhaphy for six, ten, or twenty-four hours, and to have proper assistance, than it is to attempt the operation at the close of labor, when the physician is tired out, the patient exhausted, and, perhaps, without anæsthesia, because no one is present to administer the anæs-The practice somewhat in vogue of putting in one, two, or three sutures from the skin perineum cannot be too strongly condemned; because all severe lacerations extend one, two or three inches up one or both sulci of the vagina, and cannot be reached by sutures introduced from the skin perineum. All that such suturing can accomplish is to unite the unimportant superficial structures of the skin perineum, while the torn levator muscles are not included in the sutures.

The other factors which produce procidentia are those which increase intraabdominal pressure (such as tight lacing and laborious work), retro-displacement of the uterus (which favors procidentia, because in this position intra-abdominal pressure tends to drive the uterus along the vagina, and parallel with its axis), pelvic congestion, brought about especially by constipation, sub-involution of the uterus and other pelvic organs, and in rare cases, the presence of a tumor adds to the weight of the uterus. A perfect prophylaxis of procidentia uteri involves the prevention or cure of all of these conditions.

When procidentia really exists certain conditions are always present. The uterus prolapses into or through the vulva, and its proper ligaments are overstretched. The anterior vaginal wall and bladder are prolapsed, and in many cases a large cystocele is present. The posterior vaginal wall and rectum have dropped downward and backward with the pelvic floor; and the rectum may, or may not, have bulged through the open introitus, if so, constituting a rectocele. In many cases the

uterus will be found elongated, constituting the condition known as supra-vaginal elongation of the cervix. This is brought about by stretching of the cervical tissue, rather than by its hypertrophy. In such cases the fundus uteri occupies a higher plain in the pelvis, than would appear from the position of the cervix. In many such cases the uterus measures four, five or even more inches; and yet often reducing the procidentia and putting the woman in the knee-chest posture, it will be found to measure only three or four inches.

The method of operating which I have followed in treating this class of cases is to do a high amputation of the cervix, anterior colporrhaphy, and Emmet's perincorrhaphy. The amputation of the cervix reduces the size and length of the uterus, and through the way it is done draws the vagina to a higher point in the pelvis. The anterior colphorrhaphy takes up the slack under the bladder and makes the anterior vaginal wall a straight line from the pubic arch to the cervix, as it should be. The perineorrhaphy restores the pelvic floor to its normal condition, and gives permanent support to the bladder and uterus. Naturally the uterus should be maintained in ante-flexion, and if after an operation it does not assume this position, a Smith-Hodge pessary is introduced to maintain the uterus in its normal position. Practically, I have seldom found this necessary even for a short time, and of the very many operations which I have done for procidentia, so far as I know, not a single woman is now wearing a pessary.

In amputating the cervix, the woman is placed in the lithotomy posture; the field of operation made asceptic; the cervix is seized with bullet forceps and drawn down; the vagina is cut loose from the cervix; the bladder is stripped off in front, and the sub-peritoneal tissues stripped off behind. The lateral attachments of the cervix (the bases of the broad ligaments) are now ligated and cut away. About an inch of the cervix is now amputated; then the cut edges of the vagina are stitched to the stump of the cervix, the mucous membrane of the vagina to the mucous membrane of the cervical canal; thus covering in the stump, and securing primary union. This operation draws up the vagina to the cervix at its new level. Also, it very materially reduces the size and weight of the uterns, not only through removing part of the structure, but by the process of involution which it induces.

Anterior colporrhaphy is next perform-In those cases in which the bladder has not been markedly prolapsed a simple oval denudation is made, which is closed with a continuous catgut suture in two In marked cases of cystocele Stoltz's operation is done. This consists of a circular denudation, with a single running suture placed like the drawingstring of a bag, and tied in the same way. The operation is quickly done, and secures a firm point of cicatricial union under the I believe that the merit of the operation consists not only in the ease and rapidity with which it is done, but also that it offers a more permanent resistance to the descent of the bladder at a future

Emmett's perineorrhaphy is then done, and is that part of the operation which makes the cure a permanent one. operations upon the cervix and upon the. bladder would for a time overcome the prolapse of these structures, but when the woman got about on her feet again, the prolapse would simply reappear were not the primary cause of the trouble (namely, the lacerated pelvic floor) repaired. In restoring the pelvic floor I have not been content with doing the regular Emmett's perineorrhaphy, but taking this operation as a basis, I have made the denudation as extensive as possible; in this way not only bringing together the sundered structures, but, in addition, making the vagina as narrow as possible, and also sewing up the vulva to a certain extent. In this way the vagina can be reduced in size, so that it scarcely admits more than the index finger—an end to be desired in every bad case of procidentia.

In doing amputation of the cervix, a few heavy silk ligatures are used, but most of the operation is done with catgut. It is well to have a silk ligature to pass through each lip of the cervix into the cervical canal, so as to have two silk ligatures at the point where the future os uteri is to be, as otherwise the raw edges of the cut vagina might unite, which would necessitate making an external os at a later day. The basis of the broad ligaments can be tied off with catgut, and almost all of the sutures about the cervix can be of this material. This is a decided

advantage, as it is not desirable to make traction upon the perineum to remove these sutures for some weeks after the operation. In doing the colporrhaphy, when the oval denudation is made, the wound is closed usually with a running catgut suture placed in two tiers. Usually one or more silk sutures are introduced to act as stays. In operating upon the pelvic floor, the upper sutures are of catgut and the lower ones of silk. This obviates the necessity of removing the upper sutures, which embrace only the cut vaginal walls, and which are used only to help in narrowing the vagina. Silk is used in suturing the torn ends of the muscles and for the external sutures. The ones in the skin are removed in a week, those in the vagina after two weeks.

It is wise to treat patients having procidentia for some weeks prior to their operation. The uterus should be reposited and kept in its position by means of tampons. In order to secure this object it is at times necessary to put the woman to bed. In very bad and long-standing cases of procidentia, the mucous membrane of the vagina loses its proper character, and becomes very much like skin. It is of decided advantage to reduce the procidentia and to treat the condition with glycerine tampons, which helps to restore the parts to a more nearly normal condition. After the operation it is best to keep the patient in bed for at least two weeks, and preferably for three weeks, and then to permit only a very gradual resumption of her ordinary occupation. Such patients should be cautioned against straining or lifting, and should be informed that it requires weeks for a wound to become thoroughly consolidated.

It is, perhaps, wise, in this connection, to say a few words about the use of the pessary for procidentia. Excepting those rare cases in which the procidentia has occurred in spite of the fact that the pelvic floor is intact, the use of the pessary for this condition is clearly illogical. pessary can never restore a torn pelvic floor; and if this accident has been the cause of the procidentia, any treatment except the repairing of the injury is clearly illogical, and can be only of temporary value. The pessary is a useful instrument in the treatment of slight descensus and of retroflexion of the the uterus when the pelvic floor is intact. The pessary should be supported from below, partly by the vagina itself and largely by the encircling slips of the levator muscle. It should never get its support from the pelvic bones, which is what happens when a large pessary is introduced to hold up a procidentia when the pelvic floor is widely torn. Used

under these circumstances, a person must be large in order to be retained, and when it is large it invariably presses against the pubic bones. It is not necessary to point out how illogical this use of the pessary is in order that its application may be condemned.

VACCINE VIRUS.*

H. M. ALEXANDER, M. D.

Nearly a century has elapsed since Dr. Edward Jenner, the discoverer of Vaccine Virus, inoculated his first patient, and proved to the world the efficacy of his theory of vaccination, as the preventative of that dreaded disease, small-pox. has always been the fate of every new theory, invention, or innovation in its infancy, Vaccine Virus met, for a time, with violent opposition, yet the learned Jenner lived to be feted in the streets of London, his path being strewn with flowers, and was finally tendered a testimonial of ten thousand pounds, by an Act of Parliament, in recognition of the great boon he gave to mankind. But important discoveries are slow to adoption. and owing to bigotry and superstition, are seldom appreciated fully in the age of the discoverer. The evolution of Vaccine Virus was, then, necessarily slow. Great difficulty was experienced in procuring Vaccine from the animal, and the use of the crust, taken from one person and applied to another, which is known as Humanized Virus, or vaccine, was adopted. This method was continued for many years, when it was discovered that a great number of diseases, especially skin diseases, and the most vulgar ones to which the human system is heir, were being conveyed from arm to arm.

DESIGNATED HUMANIZED VIRUS.

We shall pass over the history of the period which elapsed from the beginning of the Nineteenth Century until the propagation was begun in America in 1870, for the history of this period, as we glean it from the writings of many authors, is very conflicting. Its efficacy as a protective agent was thoroughly proven in many

*Address before the Fourth Pharmaceutical Meeting of the College of Pharmacy, Philadelphia, Pa., January 16, 1894.

instances, while there were others that left some doubts as to its ability to protect against the dread disease, small-pox. Our own experience has forced us to believe that these great deficiencies in protective power were largely due to the fact that Humanized Virus was much used, which in these cases of failure had greatly degenerated.

SOURCES OF AMERICAN PROPAGATION.

Whether true cow-pox was found among the cattle frequently prior to 1866 is notcertain, but in that year a case was found in Beaugency, France, and it was from this strain that Bovine Virus was imported into America, and its propagation from heifer to heifer introduced into the United Stated in 1870 by the late Dr. Henry A. Martin. In the decade which followed, the propagation of Vaccine Virus was begun in various sections of the country. The methods employed, however, were of the crudest nature, and much of the propagation of a dangerous character. many instances, propagation is still carried on in unclean stables, located in filthy city alleys, where the virus produced is of necessity subjected to dangerous contamination of the surrounding filth; the cattle are usually procured from city stock yards -generally heifers-but very frequently decrepit, old cows, that have shown some organic weakness. Only an external examination of them can be made, and naturally disease-bearing tuberculosis is not always avoided. As a result, the greater portion of the Virus procured in this way, instead of affording protection against small pox, merely produces ulcers of a dangerous and most painful nature.

LOCATION OF VACCINE ESTABLISHMENTS.

It is important that an establishment for the propagation of Bovine Virus should be location the open country, where the advantages of pure air and perfect cleanliness can be found, and where every possible sanitary condition can be had. The buildings should be erected especially for, and devoted exclusively to, the propagation of Vaccine Virus. They should be models of perfection and completeness, while the water supply should be well filtered, and absolutely under the control of the propagator. Ample room should be given, that no crowding of cattle be called for. The operating should not be done in the stable, but should be in a spacious room, well ventilated, free from filth of every description, and perfectly dry, for dampness is an avowed enemy to Vaccine The stables wherein the cattle are housed should be clean, pure, and entirely free from foul or impure air.

THE PROPER SELECTION AND PREPARATION OF THE CATTLE.

· Instead of buying cheap, diseased, or decrepit cattle from city stock yards, the better plan is to rent heifers from one to two years of age, being reared by the farmers of the surrounding country for their future milkers. This enables us to use generations of the same stock, and therefore know all about them, giving the advantages of learning of the existence of any hereditary diseases that might naturally be overlooked in the most careful examination of the animal itself. the heifers are brought to the farm, the first thing is to give them a close examination, then place them in the stables, groom carefully, and feed on bran mashes, until it is determined they are ready to become subjects. They should then be led to the operating room, and fastened. The method of this fastening differs greatly, but the one which I show you on the photographs distributed, has proven in my own hands by far the most satisfactory. By a simple mechanical arrangement the animals are easily turned over, resting on the strong portions of the ribs, near the vertebral They rest easily on these upholstered tables, and do not struggle, while all is done in a manner which preserves them from excitement. The inner portion of the flanks, back and above the udder, are then well shaven and inoculated with Vaccine taken from a former subject. This portion of the body is selected as it is the easiest to kept clean, and does not chafe. In some establishments the udder is selected, but experiments have conclusively proven that the udder is too warm a location, and usually results in confluence and malignancy. The abdomen, which is also sometimes selected, offers the same objection, as the animal cannot lie down to rest without lying on some of the vesicles, and developing excessive heat. After the inoculation, the heifers are taken to specially prepared stalls, where they are cared for and watched closely for an average of seven days and nights. When the vesicles are fully developed, the animals are returned to the operating room, the crusts are then removed with the handle of a scalpel, and the vesicles are thoroughly cleansed by sponging, and all foreign and impure matter removed.

PREPARING THE POINTS.

The ivory points which are to receive the lymph which is now exuding from the vesicles, should be sterilized. They should then be placed in clamps of fifty each, so that the operator is not obliged to touch the points with his fingers. The points are coated by applying with a camel's-hair brush with which the operator absorbes the virus as it exudes from the vesicles. The points are coated twice, with the virus of two animals. The vesicles should not be irritated by the repeated application of the point to the surface, as is the case in most establishments, and which causes them to exude much serum, while the repeated handling of each point causes great danger in the way of septic poisoning. Besides this, when fifty points in one of these clamps are coated with one and the same brushful of Virus from one animal, and re-coated with another brushful from another animal, they will all be alike, which is not the case if the vesicle is irritated by a repeated application of hundreds of points to the tender surface. They should be carefully inspected, packed in glass, and bear the label of the propagator. Unscrupulous propagators, do not, as a rule, label their goods, but conceal their identity, which should always be a good reason for discarding them.

SELLING THE POINTS.

Rate cutting and the great clamor of the cheap druggist, or the demand of sharp competition, have caused ivory points coated with mucilage to be placed upon the market at a very low figure, thus driving the real article out for a time. These knaves, then finding that the total failure of their goods gave them much trouble, and that the druggist returned to the legitmate ones, added croton oil to their mucilage which causes a vesicle to form. The patient tells the physician that his arm is sore, and he, accepting the statement, believes the vaccine to have been all right, while the fact that it acts so quickly proves its worthlessness.

CAUSE OF FAILURES.

This brings us to the cause of failures being reported, not only where there has been actual failures, but where the physicians failed to wait long enough before making their reports. Not only do failures certainly result from the use of impure materials, but they also occasionally result from those of good source. Some few cases are insusceptible, but not many. Secondary vaccinations fail because they have been previously vaccinated, and are still protected. Other failures, even in primary vaccinations, are sometimes due to the fact that Virus was shipped in an over-heated car, and hence spoiled in transit. A still more frequent cause is that the Virus is exposed to excessive heat or moisture in the office or store of the druggist, or by the physician carrying it in his vest pocket. It can be guaranteed for sixty or ninety days, for Vaccine is not injured by age as frequently as is generally supposed, if kept in cool, dry apart-ments. In fact, we send it to China, Hindoostan and Palestine with success. Many physicians fail in consequence of their method of operating. We do not want to say that our method of vaccinating is the best, but we will give what we have found to be the most successful manner of proceeding, and also why we think others have failed.

HOW TO VACCINATE.

Our plan is to scarify the part thoroughly by scraping off the scarf-skin, and scratching the surface thus abraided in two directions, roughing it, so as to get the lymph retained close to the mouths of the absorbent vessels. The portion scraped should not be too large, as too large a surface often results in great violence, or an ulcer is produced where a simple vaccination was intended. We touch one side of the ivory point in a drop of water, shaking all possible off agian, then apply it by

rubbing it well upon the scarified surface, depending largely for our moisture upon the amount of serum which exuded from the scarification to dampen it, and aid us in removing the Virus from the ivory point. Often this serum, with the water we have used, is excessive, when we can readily form a paste by the use of the other side of the ivory point which was not dampened in this manner. We are certain of getting a sufficient number of Vaccine corpuscles within reach of the mouths of the absorbent vessels, and to finish the operation we gently prick or scratch the arm with the point we have just used. Many physicians use too much water, and are unable to form a paste, the little corpuscles floating off, and being very glutinous, adhere to the skin; the physician thinks he has gathered them up, and finishes by getting all he can upon the scarified surface, but does not succeed in getting much else than the serum; the absorbent vessels exhaust themselves absorbing this material, and fail to get in any of the corpuscles required. Again, we have known of paste, when not finished by pricking it in, to have dried as a varnish beyond the reach of the absorbents, which had been closed by the rubbing process.

Another cause of failure is that hosts of physicians clamor for colorless points, forcing the propagator to give them as little as possible, in order to keep away from color, and then they use one point to two patients, when it was only intended for one.

VIOLENT RESULTS.

Violent results occur from the use of lymph containing filth, the use of irritating drugs, and the use of Virus that has been removed from the animal at the wrong time, for it should be taken early. They also occur from the use of cattle that are too old, which yield a great deal more Virus, but which is unnecessarily strong and irritating. Again, the violence may result from the neglect of the physicians to cleanse the arm prior to vaccination, or the use of an unclean lancet; that is, the one used continuously without being disinfected. The best way to disinfect a lancet is to dip it in alcohol after each application, and then touch it to a flame; but a more frequent cause of violent arms comes from the practice of dressing the arm after the operation by means of cotton and

adhesive strips. There is not the least doubt but that this imprisoning, as it were, is causing the most mischievous results, and often death. We emphatically say, keep the arm loosely clothed, put no dressing upon it, unless it is a protection shield properly made, and advise the patient to use the arm as little as possible, and keep it clean. With good Vaccine and the proper care you will have very few bad cases, unless you can find a very marked syphilitic history in your patient. Our experience has proven that syphilitic families with a decided history have shown a strong tendency to violent action.

SUMMARY OF DANGERS.

To sum up the dangers we might say that they come, first, from the improper selection of cattle; second, from the filthy condition of the establishments in which they are kept; its dangerous location; the plan of procuring Virus by pressure, and by carrying it to another apartment, after having been removed, instead of putting it on the ivory points warm, and allowing it to dry quickly. Packing it in dangerous materials for the sake of cheapness, the propagator either wanting to avoid correspondence with the consumer, or else ashamed of his goods, fails to put on his label. The druggist and physician looking for goods that cost less than ten cents a vaccination, sacrificing the lives of their patrons by buying dangerous Vaccine, or that which is not Vaccine at all, because it is sold to them at a cut rate. druggist may keep a good article too long; it can always be exchanged for fresh without extra cost—this would be simple carelessness on the part of the dealer; the physician's retaining the goods in a vest pocket, or hot office; neglect of cleanliness in operating; want of knowledge of a proper method, and an over-anxious desire to protect the arm.

WHEN IS THE PHYSICIAN SAFE?

How shall the physician know when he is safe, and how shall he obtain the best results? First, by keeping in touch with the best propagators. Ascertain for a certainty that they have the proper kind of establishments, and exercise the proper care. Let the physician buy from a druggist upon whom he can depend, being certain that he is not getting cut-rate goods; be sure that the goods bear the label and full address of the propagator,

that he may be able to correspond with the producer should he have any difficulty, either from failure or excessive action. Let him await for results of Bovine Virus from five to eight days, and never report until ten full days have elapsed, and to look with suspicion upon anything that acts on the second, third, or fourth day. In this way he can avoid many of the dangers and protect his patient, as well as help overcome the fraudulent practices of those who care not for the health of their fellow beings.

. HOW TO REMEDY BY INSPECTION.

It has been suggested that the government assume control. To assume the role of propagator would, in this country, be a greater failure than it is to-day in those countries that have tried it. We are exporting Vaccine to day, because it is pronounced superior to theirs, and I was informed this summer at Chicago by their own people that the Government Virus was not generally used by the intelligent classes. State propagation is not practicable for the one reason, if no other, that there is not sufficient demand to enable the propagator to keep up à continuous strain of propagation, or carry sufficient stock to be able to meet the demand when it arises. I would suggest a National Board of Health, composed of one member from each State Board, they to appoint inspectors from their number, whose duty it would be to thoroughly inspect every Vaccine establishment of the country, and to allow no Vaccine to be sold without a registry number, guaranteeing to the druggist, the physician, and the layman that the article he buys, uses, or has used upon himself or his children, has received the sanction of the proper authorities. Then, and not till then, can compulsory vaccination be justly enforced.

THE Massachusetts State Board of Health concludes, from investigations of artificial ice, that artificial processes of freezing concentrate the impurities of the water in the inner core or the portion last frozen, that the impurities are least if distilled water is used, that the number of bacteria in artificial ice is insignificant, under the prevailing methods of manufacture, and that the amount of zinc found in ice is sufficient to cause injury from its use.—Scientific American.

THE MEDICAL AND SURGICAL REPORTER

ISSUED EVERY SATURDAY

Address care P. O. Box 843, Philadelphia, Pa.

HAROLD H. KYNETT, A. M., M. D. Editor

RODERIC C. PENFIELD
Publisher

147-149-151 North Tenth Street, Philadelphia

TERMS:—Three Dollars a year, strictly in advance. Sent four months on trial for \$1.00.

REMITTANCES should be made payable only to the Publisher, and should be made by Postal Note, Money Order or Registered Letter.

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SATURDAY, FEBRUARY 17, 1894.

EDITORIAL.

THE STUFF DREAMS ARE MADE OF.

The average man spends about one-third of his entire life in dreamland, and the impressions brought from thence into normal waking life have exercised great influence on the progress of the human race. use of the word dream is apt to result in a confusion of ideas, for the term has been applied to almost every act of cerebration, differing in any respect from the average level of mental processes; including at once that exalted condition of mind called inspiration, which enabled the seers of old to prophecy, "the old men to see visions and the young men to dream dreams," down to the reflex smile of physical comfort on the face of the sleeping infant whose mother fondly believes the angels are talking with it.

To the average human being, who is neither a prophet nor the son of a prophet, dreaming is a form of mental activity carried on during sleep when the physical being is at rest and the volitional powers held in abeyance. A recent writer * in summing up a discussion of the subject says:

"To the normal waking intellect the Sleep Land must always remain a foreign and unknown country, where the laws and customs are utterly different, from those by which the waking mind lives and moves: and where even the stable verities of space and time are turned topsy-turvey. But, for all that, it is a region where there is much more movement astir than we generally imagine, and where a great deal of important business is in progress, beyond that of overhauling the animal machinery. We do not know enough of this unconscious cerebration-this commerce incessantly carried on among the brain ceils-to be able to understand the full utility of such a perpetual bustle of ideas.

"Speaking very generally, one may say that during sleep the brain does an immense amount of sorting and pigeon-holing of impressions received since the previous night's rest. It would appear also that some process akin to stock-taking, and the rummaging of out-of-the-

Dr. Louis Robinson, in North American Review, for December, 1893.

way corners, also goes on when the judgment and will are taking holiday. Let it suffice for present purposes to say that this unconscious cerebration during sleep is undoubtedly of great utility, and is probably essential to every being with the least spark of reasoning power; and that to it, in the first place, may be attributed the phenomena of dreaming. Whether the occasional emergence of the traffic into the department of consciousness is in any way necessary to the mind in health is quite another matter, and I am inclined to think that we should, most of us, get along very well if we were never aware of dreaming throughout the whole of our lives. But we should dream, nevertheless. The evidence points conclusively to the existence of a certain amount of cerebral activity during the whole period of sleep, and there can be no doubt that the vast majority of our dreams never come to our knowledge. The storehouses of the mind are of incredible vastness. We are apt to judge of the contents of our memories by our volitional power of recollection; but the two bear as little relationship as do the treasury-vaults of a bank and the drawing power of a single depositor. Nothing that the eyes have seen, or the ears have heard, or which has once passed the turnstile of one of the other senses, is ever let go. Every face of the thousands we survey in passing through a great city, every word on every page we read, every tree and hill and stream we catch a glimpse of as we are whirled along on the railroad, every sound which vibrates on our ears from morning to night, is indelibly registered within. They may be, and most of them are, entered on the record without our knowledge, and they may remain there for a great part of a lifetime without our having any suspicion of their presence, and quite beyond the reach of our powers of recollection; but for all that they are there, and may come to light under appropriate conditions."

There are obvious difficulties to the consideration of cerebral processes of which we are totally unconscious and over which we have no volitional control, so that for all practical purposes the subject of dreams becomes limited to such cerebral impressions as are strong enough to force themselves upon consciousness during such time as the ordinary powers are in-Within these limits hibited by sleep. dreaming may afford data for the profitable consideration of the psychologist, and within still narrower limits may serve to indicate to the physician obscure pathological conditions.

This is quite a reasonable supposition and indeed is generally believed by the ordinary man as a lesson-from individual experience. Every one has met numberless examples of that class of dreamers whose photo-type is the man who, indulging in underdone pork, is sure to receive in sleep a visit from his ancestors. The association of ideas is the result of his personal experience, and it might not be too much to say his dream was made of underdone pork. Indeed, so firm is the conviction on the general mind that indigestion and dreaming are intimately related as cause and effect that almost every individual can, from experience, tell the stuff of which his dreams are made.

The writer quoted states elsewhere:

"Just as we are not infrequently able to localize the seat of some internal disease by taking note of the facial expression and mental disposition of a patient, so (according to the writer's experience) the cause of not a few obscure cases of insomnia can be learned from the character of the dreams which accompany the long delayed slumber. The reason is that sleep is often seriously interfered with, especially in those who have the nervous system in an irritable state from worry or overwork, by irregularities in the functions of other parts of the body which do not

attract the patient's attention when awake, but which, in that delicately balanced condition when the mind is isolated from other disturbing agencies, suffice to give the thoughts a definite direction; just as electric currents, too slight to be otherwise appreciable, will deflect the needle of a sensitive galvanometer. Thus, defective sleep very frequently results from disturbances of the digestive apparatus, or from a slight interference with the functions of the heart or lungs, of which the patient is himself quite unaware, but which will give rise to dreams of a sufficiently characteristic nature to enable an expert to diagnose the true nature of the case."

As yet however the phenomena of dreaming have been but little investigated in strictly the scientific and experimental method, and another writer, Miss Mary Whiton Calkins, in the American Journal of Psychology, who has made some experiments concludes that even the traditional association of nightmare and a heavy meal does not stand on very sound scientific footing. The Medical Record in an editorial resume of this latter article says:

"The subjects experimented upon were two in number, a man of thirty-two, and a woman of twenty-eight. The investigation was carried on for eight weeks, during which time the man had one hundred and seventy, and the woman two hundred and five dreams. They had not previously supposed themselves to be great dreamers, and the large number is accounted for by the fact that pencil and paper were kept at hand and every transient dream was at once recorded on awak-The first point investigated was the time at which the dreams occurred. It was found that most dreams took place in the morning hours. In one case, 73.2 per cent. occurred after 4 A. M., very few on falling to sleep or before midnight. The next inquiry covered the question of

the relation of the character of the dreams to the thoughts of waking life. It was found that in about fifty per cent. the character of the dream was distinctly connected with some waking thought or suggestion, while in forty per cent. some slight or vague suggestion existed.

"As to the vividness of dreams, it was found that about one-half could be classed as very vivid or decidedly vivid, so that details could be recalled and a good story written. The most vivid dreams occurred after four o'clock.

"A careful analysis of the dreams shows that during this condition the mind may exercise fairly normal activity. That is to say, the dreamer may remember correctly, imagine clearly, and think The latter phenomenon, connectedly. however, is rare. The statistics show that in the great majority of cases the dreams are associated with familiar persons and places. The subject-matter of the dreams was generally trivial, and the writer concludes that one seldom dreams of the serious problems and emotions that confront him while awake. In times of bereavement one seldom dreams of the dead. Miss Calkins considers it very improbable that the train of thought in dreams is swifter than in waking life. If she is right it destroys the credibility of a good many interesting anecdotes. Thus Napoleon is said to have dreamed of a journey, a siege, and a cannonading, and awoke while some explosion was still reverberating.

"Curiously enough, some attention is given to the subject of prophetic dreams and telepathy. While viewing the subject with commendable scepticism, the writer cites several dreams which appear to have a certain previsual or telepathic character. The relationship of certain diseases to dreams is a matter of especial interest to the physician; but here he must himself take up the subject and carry out investigations."

It will thus be seen that the subject of dreams presents an unexplored realm for the researcher, though one of interest greater, perhaps, to the psychologist than to the practicing physician, and promising richer rewards to the student of metaphysics than to the doctor who can find scarcely time enough to meet the requirements of his duties as a member of a lifesaving service.

ABSTRACTS.

COLD HANDS AND FEET.*

WM. H. FLINT, M. D.

Many children, though apparently in very fair health, habitually have cold hands and feet. This is, indeed, such a common occurence that, in many instances, it hardly excites the attention of those to whom the care of the children is entrusted. Even if it does strike the observer as rather unsual, it is generally dismissed with casual comment, as of no This is, in the particular importance. opinion of the writer, a serious mistake, since the existence of persistently cold hands and feet seems to him the infallible index of disorder in the bodily mechanism, or of deterioration in the vital fluids, which should receive prompt attention and which, if disregarded, may lead to graver pathological conditions. This remark does not apply, of course, to those cases in which the extremities have been only temporarily chilled by exposure to cold and to moisture, and in which the natural temperature is easily restored by the agency of warmth, of dry air and of friction.

There are several unatural conditions capable of giving rise to cold hands and feet, and some of these leading factors are here tabulated in order that Babyhood's readers may more easily ascertain the causes of cold extremities and may, if possible, remove them, with the view to the prevention of actual disease. These conditions are: 1. Indigestion; 2. Nervous Excitability; 3. Imperfect Circulation; 4. Impure Blood. In order that the reader may readily understand the physiological mechanism by which the first two causes produce their effects, it is proper to recall the facts that the warmth of a part will depend, other things being equal, upon the amount of blood present in its tissues; and that the quantity of blood sent to the various organs is determined

by a delicate double system of nerves, which regulate the calibre of the blood vessels and which are themselves controlled by nerve centers located in the brain and in the spinal cord. One of these sets of nerves contracts the muscles in the walls of the small arteries, thus partially shutting off the blood from the vessels, while the other set dilates the arteries. If the latter nerves gain control of the arteries, in any part of the body, these vessels increase greatly in capacity, and a large quantity of blood passes into them and into the corresponding veins, the surface soon becoming red and warm. An example of this physiological act is seen in blushing. Sudden pallor is, on the other hand, due to the preponderating influence of those nerves whose duty it is to contract the blood vessels.

Now, indigestion, the first cause of cold hands and feet mentioned in our list, probably produces its effect upon the extremities by stimulating the centers which control the vessel-contracting nerves. It is assumed that this may be accomplished either by the irritation of the mucous membrane of the stomach and of the intestines, through coarse or undigested foods, and by the stimulating products of unnatural fermentations, or by the absorption into the blood of these same irritating substances and of poisons emanating from the bacteria which are instrumental in producing fermentation of the undigested foods.

While indigestion is probably the most frequent cause of cold extremities, it is, perhaps, the most easily removed of the causes enumerated above. The writer has repeatedly insisted, elsewhere in *Babyhood's* pages, upon the necessity of checking digestive disturbance speedily, lest they lead on to actual digestive and constitutional disease. This warning he begs

^{*} Babyhood, February, 1894.

to repeat and to emphasize in this connection. When, therefore, cold feet and hands betray the probable presence of disturbed, let us spare no means, whether dietetic, hygienic or medicinal, to remove any existing dyspeptic ailments before

they lead to organic disease.

In cases of cold extremities from any cause, temporary relief may be afforded, by various means, while the real source of the trouble is being discovered and remedied. Much good may be accomplished by properly protecting the hands and feet. Woolen or silk stockings should be worn during the fall, winter and spring months, and should be changed several times daily, in order that the perspiration retained in the stockings be not long kept in contact with the feet. If this precaution be neglected, evaporating from the damp stockings soon chills the feet, the effect being the same as if they had purposely been enveloped in moist cloths. Brisk friction, with the hands and with dry towels, employed at the time when the stockings are changed, will greatly assist the circulation in the feet, thus promoting warmth and comfort. The shoes should be so large as not to pinch the foot, and the soles and uppers should be thick and The hands ought to be protected by woolen mittent or gloves, which should be well dried, at the fire, from time to

Nervous Excitability may give rise to cold extremities. The nervous system is so delicately balanced and so susceptible to slight impressions, in this class of cases, that little shocks and irritations of the controlling nerve centers are constantly produced by influences incapable of exciting such responses in those children whose natures are more phlegmatic or apathetic. Emotions, whether of joy, of sorrow, of anger, of pleasure or of pain, may suffice, in these patients, to set the vessel-contracting nerves into action, by which the surface is deprived of blood and depressed in temperature. Nervous susceptibility, of such a high grade as has just been described, should be removed by proper management and treatment, lest it lead into functional or organic nervous disease. The cause of such exaggerated sensibility, on the part of the nerves, may be deeply hidden and may require the aid of the family physician for its discovery and its removal.

Imperfect Circulation may be responsible for persistent coldness of the hands

The heart's action is not and feet. strong enough to propel the blood into the extremities with sufficient force and rapidity to keep them adequately warmed, the hands and feet being more remote from the central organ of the circulation than any other parts of the upper and lower members. Given this origin of the symptom we are considering, it may be of great importance for the future physical welfare of the child that the heart's action be strengthened, and that any unsuspected cause for this weakness of the circulation be ferreted out and, if possible, removed. This is true because, without healthy heart action, perfect growth and nutrition are impossible, and because heart weakness may imperceptibly develop into actual heart disease.

Diseased Condition of the Blood may also occasion coldness of the hands and feet. The warmth of the body (called vital heat), as well as its growth and repair, is chiefly due to oxidation occurring in all the tissues. The oxygen required for this all important chemical process is conveyed to the tissues by the red corpuscles of the blood. If these corpuscles are diseased, so that they cannot act as efficient oxygen carriers, or if they are not sufficiently numerous to convey an adequate supply of oxygen, normal oxidation cannot take place, temperature is reduced below the normal point, and the

tissues suffer from innutrition.

If this condition of affairs is allowed to continue, the child's growth must be stunted and the patient is also exposed to graver dangers from the occurrence of any constitutional disease than he would be were his blood and his nutrition in a healthy state. It is natural that coldness of the surface, due to depreciation in the quality of the blood, should show itself most strikingly in the extremities, for they are more exposed to refrigeration than the more warmly covered trunk and members. They are, moreover, farthest from the heart, the action of which is apt to be impaired whenever the blood is disordered.

In conclusion, the writer begs his readers not to neglect this apparently trivial symptom of cold hands and feet, but, being forewarned by its appearance, to seek out and remove its cause, in order that their children's natural growth and development may be promoted and that pos-

sible disease may be averted.

APPENDICITIS.

In a lengthy article on Appendicitis in Mathews' Medical Quarterly, Dr. F. Byron Robinson draws the following conclusions:

1. The diagnosis of appendicitis rests on pain and tenderness in the right iliac fossa, vomiting, temperature and tympanitis. A tumor may be found in about one-third of the cases.

2. The pain is due to an appendicular peristalsis. It may arise from perforation. It is appendicular colic, or may be due to inflammatory invasion. The constipation is not mechanical, but reflex. The tympanitis is due to reflex paralysis of the bowel. The vomiting is reflex. The lameness is due to pressure on the lumbar plexus. The sudden cessation of pain is often due to the expulsion of the body into the cœcum. Adhesions may induce pain.

3. The infective invasion of appendicitis may induce edema, hemorrhage or phlibitis into the right iliac fossa. I know of an embolus going to the liver after operation and infecting it, killing the

patient.

4. The appendix resembles the tonsils, and is subject to similar temporary inflammations at the same ages in both sexes. It is lymphatic in structure. Its glandular

(lymphoid) element is large.

5. About one-half of appendicitis is catarrhal or parietal, and should not have surgical interference. Relapsing appendicitis is not a dangerous malady. All suppurative and perforative cases of appendicitis should be operated on as soon as diagnosed.

6. My experience with appendicitis in children is, that it is very progressive and very fatal, and should be operated on as soon as reasonably diagnosed. It invades rapidly in children on account of its large

lymphatic constituents.

7. Males have appendicitis four times as often as females.

8. The age of appendicitis is the same in both sexes—from ten to thirty years

mainly

9. The chief cause of appendicitis lies in the small size of the appendicular mouth. The mouth is guarded by a valve of mucus membrane (Gerluch's). With a small mouth objects insinuate themselves through, but irritation of the foreign body on the mucous membrane of the appendix

induces it to swell and close the mouth so that the foreign body is unable to get out. It seems to the author that Gerlach's valve is larger in men than in women.

10. The vermiform appendix is the most variable organ in the body, viz., in length, situation and peritoneal environments. Hence its pathological conditions vary in position and environments.

11. Many hundreds of autopsies show that from fifteen to twenty per cent. has had appendicitis and died of other diseases. The periappendicular adhesions remain.

12. Anatomical description of the appendico-cæcal region has varied from the beginning until now. The main statement which can be made at present is that the cæcum is entirely covered by peritoneum, while the appendix always originally had a mesentery. The peritoneal attachments vary because the rapidly-growing cæcum steals away the peritoneal covering from the atrophying appendix.

13. A perforation of the appendix will nearly always open into the peritoneal cavity, but it may open into the post-cæcal areolar tissue. In this case it will open between the layers of the meso-appendix and pass over the upper border of the

cæcal peritoneal covering.

14. Microbes play the chief role in appendicitis. They multiply rapidly when the appendicular mouth is closed and the appendicular secretion is changed, producing perforation and disturbed circulation.

15. The result of the closure of the appendicular mouth is irritation. glandular secretion becomes excessive and disproportionate from the irritation of the foreign body and microbes. Deranged and fermenting secretion, confined, aids downward progress. Circulation is deranged; the veins and lymphatics become overfilled, œdema results, local or general necrosis (or gangrene) follows, and a perforation of the appendix supervenes, which induces local or general peritonitis. If limited by exudates the peritonitis will be local. But peritonitis and exudates can and are produced by microbes or their products (ptomaines) penetrating the appendicular wall, leaving no visible perforation.

16. The pain is felt in the right iliac fossa in about half the cases, and the other half feel the pain in the abdominal cavity—not localized. In general most

abdominal pain is felt around the umbilicus, that is over the abdominal brain. There is frequently a referred pain in appendicitis. McBurney's point is useless

and untrustworthy.

17. In my experience in young women, frequent micturition often accompanies appendicitis. The abscess is more likely to move in the pelvis than in man. It may be due to the appendix being over the brim of the more spacious female pelvis more frequently than in males.

18. Bowel obstruction and constipation in appendicitis is reflex, not mechanical.

19. Vomiting is due to reflex irritation carried up the superior mesenteric plexes to the abdominal brain, where it is reorganized and emitted to the stomach. Every viscous suffers from reflex irritation, especially those supplied by a large plexus of nerves containing many nerve strands, as for example, (a) the stomach, (b) the small intestine, (c) the heart, (d) the kidney, (e) the spleen, (f) genito-urinary organs, (g) lungs.

20. The tenderness in the right iliac

20. The tenderness in the right iliac fossa is not uniform in location, but exists wherever the pathological appendix hap-

pens to lie.

21. The rise of temperature is due to toxic substances in the blood—infection. A subnormal temperature may be due to overwhelming the system with the toxic substance. It seems that violent irritation of a sympathetic plexus of nerve can raise or lower temperature.

22. Perforation of the appendix infects the pelvic organs of women, and the tubal and ovarian infections infect the appendix.

23. Probably ninety-five per cent. of the diseases about the cæcal region arises in the appendix.

24. In regard to operation in appendicitis it may be asserted that a low mortality in itself does not justify any surgi-

cal procedure.

25. Cases of acute appendicular perforation with diffuse peritonitis should be operated on, though recently every case is fatal. Out of every two hundred autopsies on dogs killed or dying after I had performed abdominal experimental procedure, I found no dog survive general peritonitis. I know of two surgeons of this city (Chicago) who have operated on seventeen cases of diffuse peritonitis following appendicitis, and every case died.

26. Localized abscess in the excal region should be incised, and if it be not

too dangerous for the patient, the appendix should be ablated.

27. Subjects of severe recurrent appendicitis should be operated on for comfort

and utility of the patient.

28. The cardinal principal in the operation is to manipulate the viscera as little as possible. If one evacuates an abscess in the cæcal region it seems unwise to waste time or manipulate very much in order to get the appendix; simply irrigate and drain with gauze. It is not perfect surgery, but it is safe surgery, which is

really most perfect to the patient.

29. The various forms of appendicitis The difgive varied results in operation. fuse peritonitic form gives almost one hundred per cent. mortality; the recurrent form has some eight per cent, fatality; the general mortality for appendicular operation will be not far from fifteen per cent., except in the case of individual surgeons who operate on almost every occasion. It would appear that the surgical mortality is over fifteen per cent., while from the best sources that about eighty-five to ninety per cent. recovers without operation. this rate nature has a less mortality than the art of surgery.

30. Treves says that eighty per cent. of cases of appendicitis get well spontaneously. Talamon says that ninety per cent. get well with a certainty with no operation. Guttman treated medically one

hundred cases, and four died.

31. The foreign body in the appendix is generally dried feces mixed with calcium salts, and not some solid body, so that, so far as our present knowledge goes, physicians cannot claim that swallowing cherry stones, grape seeds or fruit pips, etc., tends to induce appendicitis. No doubt some form of indigestion or colitis pre-

cedes many cases.

32. Observation and practice seem to teach less surgery on the appendix than formerly. Judgment is becoming more accurate as to what cases demand operation. Autopsies and pathology would seem to limit operative work more and more. Postmortems are telling the more exact story of frequent appendicular lesions from which the patient recovered. The following of conservative but representative men like Treves, Guttman, Talamon, Fenges, and many others, is increasing. Yet reasonable surgery will always hold an important place in appendicular diseases, for the appendix is a useless organ.

THE ORIGINAL OF SHERLOCK HOLMES.

It was, therefore, with great satisfaction that the reader of Dr. Conan Doyle's fascinating stories learned some time since. from the author of his being, that Sherlock Holmes was indeed founded on fact and drawn from life, and that the model for him had been a professor in the medical college in which Dr. Doyle studied. This gentleman has been the object of an extensive and pardonable popular curiosity. He is Dr Joseph Bell, of the Royal Infirmary of Edinburgh. He studied at the famous University of Edinburgh, took his degree at twenty-two, was for two years assistant demonstrator of anatomy in the university, then became house surgeon, and latterly consulting surgeon.

It is evident that the medical profession offers peculiar advantages for the development of the faculty of observation, which, indeed, is as helpful and indispensable to an ideal doctor as to an ideal detective. Diagonis is, indeed, largely detective work, and those who have the good fortune to be the patients of a "born doctor," when they had the misfortunes to be patients at all, often have occasion for astonishment at a knowledge of their condition that seems to them like clairvoyance, but in truth the result of a natural faculty for observation assidnously cultivated. It is evident that the original Sherlock Holmes has the faculty in an eniment degree.

A reporter of the Paul Mall Gazzette has had, and related for his paper, a highly interesting interview with the original of Sherlock Holmes. It appears that Dr. Bell has made use of his remarkable faculty not merely in the line of his profession and for the astonishment of his acquaintances, but that it has frequently, been employed in actual detective work. and in furtherance of the ends of justicel As might be expected, he has paid special attention to medical jurisprudence. The crown retains in Edinburgh a regular medical adviser in criminal cases, and this medical adviser has for some twenty years been in the habit of enlisting the services of Dr. Bell, although in these cases he has merely been retained as an expert, and has no official connection with the crown. The reporter who visited Dr. Bell was in Edinburgh to report the Ardlamont murder trial, which has attracted comparatively little attention in this country, but has excited a great and widespread interest in England and Scotland; and in this case Dr. Bell has been retained as an expert adviser for the prosecution. While he declined to give any reminiscences of his detective work that had not already been made public, he declared that whatever deductions he had been able to make that had been of service to the authorities had been "simple and commonplace." They had come from the habit he himself had formed and had tried to inculcate upon all his scholars-Conan Doyle among them—the habit of paying attention to what are commonly dismissed as unimportant things. "I always impressed over and over again the vast importance of little distinctions, the endless significance of the trifles." To what important results this habit may lead is illustrated in the facts of Dr. Bell's career, as well as in Dr. Doyle's action founded on those facts. One illustration of it is striking enough to be well worth giving in Dr. Bell's own reported words:

"This one struck me as funny at the time. A man walked into the room where I was instructing the students, and his case seemed to be a very simple one. I was talking about what was wrong with him. 'Of course, gentleman,' I happened to say, 'he has been a soldier in a Highland regiment, and probably a bandsman.' I pointed out the swagger in his walk, suggestive of the piper; while his shortness told that if he had been a soldier, it was probably as a bandsman. In fact, he had the whole appearance of a man in one of the Highland regiments. The man turned out to be nothing but a shoemaker, and said he had never been in the army in his life. This was rather a floorer; but being absolutely certain I was right, and seeing that something was up, I did a pretty cool thing. I told two of the strongest clerks, or dressers, to remove the man to a side room, and to detain him till came. I went and had him stripped. Under the left breast I instantly detected a little blue 'D' branded on his skin. He was a deserter. That was how they used to mark them in the Crimean days, and later, although it is not permitted now. Of course the reason of his evasion was st once clear."

After one knows that Sherlock Holmes

is not entirely the creature of the novelist's imagination, but that his qualities are drawn from life, many readers must be incited to develop those qualities in themselves. In the interview from which we have quoted, Dr. Bell says, very truly and

suggestively:

"I should just like to say this about my friend Doyle's stories, that I believe they have inculcated in the general public a new source of interest—the kind of interest created by Richard Jefferies and the 'Son of the Marshes.' They make many a fellow who has before felt very little interest in his life and daily surroundings think that, after all, there may be much more in life if he keeps his eyes open than he had ever dreamed of in his philosophy. There is a problem, a whole game of chess, in many a little street incident or trifling occurence if one once learns how to make the moves."—From Harper's Weekly.

Professor John Tyndall.

Now, Tyndall was one of those men who bear a large share in the actual technical work of such great discoveries. But it is hard to put one's finger upon any single point easily to be apprehended by the ordinary intelligence. He taught us much, for example, about the way radiant heat is propagated through the atmosphere; about the objects which are, so to speak, opaque or transparent to it; about the effects it produces on the surface of our planet. He taught us much about how glaciers are formed, move, and are retarded, break into crevasses and freeze together again, compress themselves through gorges, or spread themselves, though solid, into lake-like expansions; and he did more towards explaining these singular phenomena than any other observer. His contributions to the sciences of light, of sound, of electricity, of magnetism, of heat, and even of biology (so far as regards the diffusion of the germs of minute organisms), are all of them most valuable. He was a fellow-worker in the triumph of evolutionism and of just and sound views about But for the most part he led up towards those great developments in physical and electrical knowledge which have not yet been made and towards practical inventions which have not yet been invent-This sort of work is the most valuable of all, but it is often the most inglori-So it comes about that Tyndall, who was himself a most careful, accurate and patient investigator, was best known as a popular expounder and an almost sensational orator. He would not have been so famous if, he had not superadded Belfast addresses and Royal Institutional lectures to his real work in the laboratory and on the mountain.—From a Character Sketch of Professor Tyndall, by Grant Allen, in the February Review of Reviews.

THE DANGEROUS COMMUNION CUP meets increasing opposition. Doctors should agitate the subject, like Dr. A. J. Longfellow of the M. E. Church in Fostoria, Ohio, who moved the following resolution: "Resolved, That the church purchase four hundred little wine-glasses and each communicant receive the wine out of a glass that no other person has used, and the bread passed on baskets or plates, and that it be not handled or broken by the preacher." This is a good second to the movement against the still more dangerous incident of alcohol in the communion cup.

CHLORINE in liquid form is now being manufactured by Messrs. Pechiney & Co., of Salindres, in France, and at the Rheinanis Works, at Rheinan, near Mannheim, in Germany. The gas is liquefied by subjecting it to a pressure of 50 atmospheres (750 pounds) to the square inch and stored in strong iron vessels holding 120 pounds each. It is delivered from these vessels either in the liquid or gaseous form, and can be used in bleaching. It is said to be as economical in use as bleaching powder, while it has some advantage over that product.—Scientific American.

Check.

The man who tries to take advantage of the ignorance of another occasionally gets a Roland for his Oliver. A Boston man once, in England, seeing a laborer digging flints out of chalk, pompously asked him if he thought they grew.

"Sure," was the reply, "I know they

do."

"Then put some flint on a table, and

see how much it grows in a year."

"And you, sir," said the laborer, "put a potato on the table, and see how much it grows in a year."—From the "Editor's Drawer," in Harper's Magazine for February.

SOCIETY REPORTS.

THE LOUISVILLE CLINICAL SOCIETY.

January 16th, 1894.

REMOVAL OF BULLET FROM THIGH OF A MAN WHO HAD CARRIED IT SINCE THE BAT-TLE OF SHILOH—32 YEARS.

DR. W. O. ROBERTS: Last week a gentleman fifty-two years of age, consulted me with a tumor in the popliteal space of the right leg. The tumor was about the size of a guinea-egg, located just at the outer side of the inner ham strings. He furnished the following history: At the battle of Shiloh while in a stooping position to fire, he was struck by a shot just above the knee. The bullet as he said ranged upward; the wound was probed some six or eight inches, according to his statement, without finding the ball. He was in the hospital over six months before the fistulous tract closed. He then left the hospital and went back to his command, and soon after re-entering the service while under march his leg became very sore, considerably swollen, he became very lame and was sent back to the hospital. At this time he was in the hospital at Atlanta, Ga., where he was seen by Dr. Westmoreland. Soon after the doctor saw him, he made a free incision in the upper part of the thigh, about four to six inches above the point of entrance of the bullet, and removed quite a quantity of pus and broken down tissue, but did not find the ball. This wound was slow in healing, but after it healed he had no further trouble until a few months ago, when he began to complain of stiffness about the muscles of the back part of the thigh, pain just above the popliteal space and tenderness on pressure. He noticed in sitting down that part of the limb which came in contact with the seat gave him great discomfort, and only about three or four weeks before I saw him he detected in the location I have mentioned. this tumor. I cut down upon it and removed the bullet which I exhibit. You will observe the peculiar shape of the ball. One point of interest is that there is a phosphatic deposit on one side of the bullet.

DISCUSSION

DR, J. W. IRWIN: This is rather a singular coincidence. Last Friday a gentleman came in my office complaining of loss of memory, and pain in the back of his head extending down his neck, which had been in existence for ten years. He sought relief chiefly on account of his memory. He had been a private in the Northern Army, and had received a shot at the battle of Shiloh; the

ball had entered his face along side of the wing of the nose just above the alveolar process of the gums. The bullet had never been found. I made an examination of the case and found along side of the origin of the ligamentum nucha some enlargement, and, upon closer investigation, I found that the bullet was encapsulated there. suggested that the bullet should be removed. He was not then prepared to have the operation done. He went home and I have not heard from him since, but what course this bullet took I cannot tell, anyway it had caused loss of memory and had a very decided effect upon the intellectual faculties. It had lodged in the back part of the neck near the first dorsal vertebra.

DR. A. M. VANCE: The case reported by Dr. Roberts is certainly a very interesting one. I cannot believe that the tract explored by the surgeons could have been the tract of the bullet, it must have been due to clothing or something else. This bullet could not have gotten in the position where Dr. Roberts found it after having gone up the thigh. The case illustrates what a false guide a probe is often times in gun shot wounds, and how it may go in almost any direction after it gets into the cellular tissue. I believe that the bullet passed directly through the man's thigh in a backward direction, and finally settled down in the position Dr. Roberts found it.

DR. I. N. BLOOM: I would like to inquire whether any practical results have been obtained by probling for bullets with the electrical apparatus such as was used in Garfield's case?

DR. A. M. VANCE: Several new instruments are on the tapis for this purpose just now, but what practical results have been brought about I do not know.

DR. T. P. SATTERWHITE: The case is very interesting and shows what nature does in encapsulating foreign bodies. I remember several year ago removing from a man's arm a piece of glass about \(\frac{1}{2} \) inch long, which had remained in the arm for twenty years without producing any disturbance, until a few months before it was removed.

DR. P. GUNTERMANN: When I was a boy 15 or 16 years of age, I remember that there was a retired Major in our little town, who had been a soldier under Napoleon, having passed through all the wars, had been to Russia, the Battle of Waterloo, etc. He

took great pride in exhibiting his right leg in which there were five bullets. These bullets were of the old fashioned large variety, and could be distinctly felt. He had several inducements to have them taken out but he refused, stating that he "wanted to take them with him," and he did carry them with him to the grave. They never gave him any particular trouble. He was not a very large man, about the ordinary size and weight. I simply mention the case to show how long bullets may remain in the tissues without giving rise to any serious trouble. It was forty years after receiving these bullets in his leg that the old Major died.

DOUBLE HYDROSALPINX AND CYSTIC OVARIES.

DR. L. S. MCMURTY: I present for examination a specimen of hydrosalpinx and cystic ovaries. The symptoms in the case were menstrual irregularity, general pelvic pain and irritation of rectum and bladder with sterility. The patient is about thirtytwo years of age; she has one child, six years old. Two years ago she consulted a surgeon who operated for laceration of the uterine cervix without any improvement of her condition. In making a vaginal examination I detected a mass in each lateral pelvic space. The abdomen was opened, and the specimens which I exhibit removed. She is making an The operation was performed easy recovery. ten days ago. The Fallopian tubes are as large as average size sweet potatoes, and so distended with serum that they would readily have broken and emptied into the peri-The ovaries are each converted into a monocyst. By careful manipulation I succeeded in removing them without rupture.

DR. J. W. IRWIN, read a paper entitled, THE DANGERS OF INFECTION BY PERSONAL CONTACT WITH DISEASES NOT REGARDED AS ACTIVELY CONTAGIOUS OR INFECTIOUS.

See page 232.

DISCUSSION

DR. T. P. SATTERWHITE: I think it is very well that persons who are invalids should not sleep with any one. I agree perfectly with Dr. Irwin in that particular. I see no harm, though, for two healthy persons to sleep in the same bed. It is a very common thing now for a man and wife to occupy separate beds.

DR. I. N. BLOOM: In France, Austria, Italy, and Northern Germany it is very rare for more than one person to occupy the same bed. The beds are single and placed some distance apart. In Vienna it is very difficult to find a large bed. What they call a large bed there is a canopy affair not nearly as wide as the double beds in this country, and only designed for one person. As a rule they only have a bed three feet wide, the husband and wife each having his or her own bed.

I believe a reform in this matter would be a decided benefit to people generally.

DR. J. M. KRIM: There is no question in my mind about consumption being contracted in the way suggested by Dr. Irwin: I remember a case where a man died of consumption; his wife nursed him until he died. She married again about six months afterward, and died of consumption eight months later. Her second husband also died of consumption. No predisposition by heredity or otherwise could be traced in either of these cases, and there can be no reasonable doubt but infection occurred in the way Dr. Irwin has stated.

DR. J. W. IRWIN: I would like to ask if anybody has had any experience with the examination of air respired from the lungs of consumptives, and in what way the disease is transmitted, whether by absolute contact with the lips, or through the respired air, or both?

DR. P. F. BARBOUR: We cannot deny that it might be by both. I should think though, it would be more likely to occur through the inhaled air.

DR. J. W. IRWIN: But there is no very definite record of the germs of consumption having been found in the respired air from the lungs of persons suffering from that dis-

DR. C. G. LUCAS: I think it has been proven by experiments made by a German observer (whose name I have forgotten) that the tubercle bacillus is transmitted through the medium of the respired air. In these experiments guinea-pigs were suspended in a cage before tuberculous cattle, and in a very short time evidence of tuberculosis were found in the guinea-pigs.

DR. J. W. IRWIN: I asked that question because in a former discussion of this subject the point was raised that the bacillus of consumption had never been found in the respired air from the lungs of persons suffering from that disease. The literature on the subject is very meagre, and there is some doubt as to whether the bacillus has ever been found in the respired air or not. But if it has not been found, that does not prove that the respired air does not contain the germs of the disease. Experiments with guinea-pigs are not conclusive from the very fact that even their close confinement may bring on wasting diseases. They are the easiest of all animals that we know anything about to contract disease.

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Some years ago a series of experiments were made upon dogs which were confined in the manner spoken of by Dr. Lucas, by taking the sputa from consumptives and diluting it and putting it into a spraying apparatus and once a day spraying the dogs with this diluted sputa. The dogs were strong healthy animals furnished by a pound keeper. On the twenty-seventh day after the spraying began the first dog was killed, and he was found to have a number of tubercles in his lungs. On the thirty-fifth day the second dog was killed, and he was found to be still more affected. The third dog was killed in two months and both lungs were infiltrated with tubercular deposits. That was an experiment to show the contagiousness of consumption through the sputa in a diluted form, rather than through the respired air. Two other dogs were sprayed with a solution of calf brains in the same way and under the same confinement, and they were killed in two and four months after the spraying began, and no trace of disease of any kind was found in them. When we come to consider all the facts and all the circumstances between the husband and wife, we cannot attriit altogether to respired that the husband and wife are so likely to kiss each other and the germs may find their way to the lips and in this way they may contract the disease rather than from or through the respired air. Be that as it may the weight of authority seems to point to the expectoration as the most dangerous source from whence the disease comes to those in close contact with it. That the consumptive expectorates and that is deposited on the ground, on the floor or on the bed, that it dries and it is stirred up in the dust and it is inhaled. The germs of the disease in this way enter the lung rather than through the respired air from the consumptive. Some fallacy seems to me to exist in this statement, in that the husband (when the wife is the subject of consumption) is the one who contracts the disease (or vice versa) rather than other members of the family and the one most likely to contract the disease would be the chambermaid who sweeps the apartment, for we all know what a cloud of dust even a single sweeping will cause, and the dangers of inhaling the poisonous products of the expectoration from that source to the chambermaid would seem to me to be very much greater than the inhaling of the dust in a much lesser way by the husband or the wife. I rather think we have the principle cause in personal contact together with the inhalation. and while the germs have not been reported as found in the atmosphere, I am still inclined to the belief that they may yet be found in it and in view of all the facts that whether it be the germs, or whether it be the toxalbumens

or other poisonous products due to the waste of tissue coming from the body, the infection is due to personal contact with the consumptive, and those coming in closest contact are in the greatest danger and are the first to become affected; that sweeping the room is not dangerous to the person sweeping or to those coming in contact with the dust which rises, as personal contact with the patient suffering from the disease.

DR. P. F. BARBOUR: There is one point in this connection that might be investigated, that is whether the husband or children are more liable to contagion.

Of course the nursing child is predisposed to tuberculosis, in fact the tubercle bacillus has been found in the milk of the nursing mother. But children past beyond that age playing about the room for instance, inhaling the dust from sweeping, etc., would they not be as liable to infection as the husband or wife?

DR. J. W. IRWIN: Investigations have been made in that line, and results go to show that the husband or wife as the case may be, is very much more liable to contract the disease than any other member of the family.

DR. A. M. VANCE: I saw a statement some time ago which showed that more widows and widowers died of consumption in proportion to numbers, than any other class of people; proving that those who have been previously healthy, and the wives or husbands of consumptives die in vastly greater proportions than the ordinary populace.

CONTINUED REPORT — INTENSE HEADACHE FOLLOWING A BLOW; OPERATION.

DR. W. O. ROBERTS: I would like to continue the report of a case which I presented to this society some little time ago, the man who had been struck on the head nine years ago and had been suffering with the most intense headache nearly ever since. This headache steadily increased in severity, and I had him admitted to the City Hospital. The night before I operated upon him, it required a grain of morphine hypodermatically to quiet him. At my clinic I simply raised a horse-shoe flap including the cicatrix in it; I found no trouble with the skull, so replaced the flap, and strange to say he has been entirely relieved of all distressing symptoms, headache, etc., and he is now working at the hospital in the capacity of night nurse.

EXTRA-GENITAL CHANCRE.

DR. I. N. BLOOM: Some time ago I reads a paper before a meeting of this society upon the subject of "Extra-Genital Chancres." I have recently had a very interesting case of

this character, which was referred to me by a prominent surgeon of this city. The patient is a lady forty-five years of age; she separated from her husband and has not had sexual intercourse for fourteen years. She came to me with an undoubted syphilitic eruption all over her body. There were characteristic scabs in the hair, and slight glandular enlargements. The case was so plain that I made a positive diagnosis at first sight. Her first visit was in the evening, and as the light was not very good, I requested her to come back the next day. On her first visit I made a very close examination in an endeavor to discover the initial lesion or its site, but was unsuccessful and did not find it the next day. I told her what was the matter with her, and that I was very anxious to know how she contracted it. On the third visit, five days after I first saw her, she called my attention to a sore at the site of the wisdom tooth which was wanting in this case, on the right side. She told me that this sore had been there for a number of weeks, just how long she did not know. Then later she informed me that there was a gentleman whom she had known all her life, who had been in the habit of kissing her, and she found out afterward that this man had syphilis. I am satisfied that the point of infection was posterior to the last molar tooth, and the case I am -reporting is a chancre. The woman afterward developed mucous patches in the vagina which are sufficiently rare to deserve notice. The case to me is a very interesting one on account of the unusual site of the chancre, and that this is the point of infection I think we have positive proof. I will also state that the glandular enlargement was very slight, which is contrary to the rule. Usually in cases of chancre about the head you will find very decided glandular enlargement.

DISCUSSION.

DR. J. W. IRWIN: The case reported is a very interesting one; the history of it, however, is defective. I do not believe that the case was one of contagion through the gum; contagion through the gum would not necessarily be followed by mucous patches in the vagina. A chancre on the lips would not necessarily be followed by this condition of the vagina, and, I doubt if there is a case on record of this character, where the history of the case has been clinically truthfully obtained. Of course these patients always deny anything like carnal intercourse. I

cannot believe that the lady told the truth.

DR. I. N. BLOOM: It is quite a serious matter to be told that your judgment in the case of a woman is wrong, when you yourself know the woman and know of her and form your ideas as to whether she is telling the truth or not; but I should think it would

be a great deal more difficult for a personwho has never seen her to make any such assertion. In a case of this kind I think the doctor who makes the examination by close questioning can usually tell whether the truth is being told or not. This patient was a very intelligent women, and I believe she was sincere in what she said, as she seemed very anxious herself to find out how infection could have occurred. As for mucous patches necessarily following a chancre, that is a mistake; mucous patches need not necessarily follow a chancre anywhere. I believe it is the exception rather than the rule, that mucous patches are found in any situation following chancre. I have seen several caseswhere there was an undoubted characteristic chancre, which was followed by a very slight eruption and nothing else. One of the cases I have had under observation for three years, and no further sign of syphilitic disease has manifested itself. Mucous patches are just as liable to occur in the vagina if the chancre appears on the tongue as if it makes its appearance on the genitals; in other words a chancre may be followed by its characteristic sequelæ, no matter where it occurs. So that no argument can be deduced as far as the criticism of Dr. Irwin is concerned; I fail to see where he has established a single point, or that any idea of the diagnosis can be obtained from either side—of the mucous patches wherever they might occur, or from his judgment as to whether the lady was telling the truth. We are bound to be governed to a certain extent in these cases by the impression that the patient give us. A person who can read character thoroughly is, of course, able to form a better judgment than those who cannot. While I am skeptical about a great many people, and frequently listen and disbelieve patients, in this case I am thoroughly convinced that the woman was telling the truth, and that the point of infection was the situation I have mentioned. The sore back of the gums was undoubtedly a chancre, and the eruption was certainly syphilitic.

REPORT OF SEVEN CASES OF ANTERIOR VEN-TRAL FIXATION OF THE UTERUS.

DR. W. H. WATHEN: There are various methods of treating retro-placed uteri with and without operation. Usually these cases are treated by a properly adjusted pessary, etc., which may give temporary or permanent relief, but there are cases where the pessary does no good and causes pain; and where there is inflammation of the pelvic structures, or adhesions, its use is dangerous. Where the uterus is not held down by adhesions, and the tubes and ovaries are healthy there are very few cases where a laparotomy for ventral fixation of the uterus

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would be justifiable. But we cannot always positively decide that there is no disease of ovaries or tubes, and that the uterus is free of adhesions. In laparotomy work adhesions are often found that could not be diagnosed in previous examinations. Where there are no adhesions, the Alexander operation has been followed by good results in well selected cases, where the operation was correctly done and a properly adjusted pessary worn for several months; but this operation was contra-indicated in the cases I wish to report.

CASE I.- I operated two weeks ago upon-Miss M., of Indiana, aged thirty, who had been an invalid for many years and had 34 grain of morphine hypodermatically, frequently repeated. Menstruation had been very painful for ten years. Her nutrition was poor and her inhibitory powers nearly destroyed. In a digital and bimanual examination I found the uterus retro-flexed and adherent, but could detect no disease of the ovaries or tubes. When the abdomen was opened, the uterus was found adherent to the pouch of Douglas, and the ovaries were so cirrhotic that there was but little healthy tissue. One tube was inflamed, but no pus was found in it. The ovaries were not larger than the end of my little finger. adhesions were separated and the tubes and ovaries removed. The uterus was then fastened to the anterior wall at the lower point of the incision by two silk worm gut sutures introduced through the entire thickness of the abdominal wall and into the uterine tissue, under the peritoneal layer including one inch transversely, one suture being introduced on a level with the tubes and the other half inch higher in the fundus. Before tying the sutures I sacrified superficially that part of the uterus that came in contact with the abdominal wall. The woman had no untoward symptom, took no morphia after three days, suffers no pain, is out of bed, says she is well, and I feel sure will be entirely restored to health. The uterus is firmly adherent to the abdominal wall.

CASE 2.—Mrs. C., from Indiana, was operated upon three years ago; her uterus is still held in position. She became pregnant some months after the operation, and induced an abortion at the fifth month? She again became pregnant and the child was delivered at term. She is now well and her uterus adheres to the wall. In this case I operated by introducing silver wires through the walls upon each side of the wound, carrying them through the broad ligaments, including the round ligaments, but not the Fallopian tubes.

CASE 3.—A little over two years ago I operated upon Miss S., of Cincinnati, removing one ovary and tube which were badly dis-

eased and bound down by adhesions. I used silver wire in this case as in case two, carrying it through the stump on one side and through the broad ligament on the other side, including the round ligament. Her uterus is still in position and she is restored to health. She had been an invalid for several years and unable to attend to her domestic and other duties.

CASE 4.—Mrs. J., of Indiana, was operated upon eighteen months ago. The urine and abdominal peritoneum were united by two buried silk sutures. Here uterus is still in position, and she is relieved of the symptoms for which the operation was done,

CASE 5.—Mrs. P., of Central Kentucky, was operated upon eight months ago. She was an invalid for many years. Her ovaries were cirrhotic, and were removed. Her uterus was sutured to the abdominal wall by passing a silk worm gut suture through the stumps on each side. I saw her two months ago, and the uterus was still in position. From a very thin, nervous little woman she has grown to be quite fleshy and is restored to health.

CASE 6.— Mrs. L., of Louisville, was operated upon seven months ago. The uterus was sutured to the abdominal peritoneum with a buried kangaroo tendon. I saw her last week and her uterus is antiflexed and adherent. She was very much improved and assys the operation has cured her. The ovaries and tubes were in a healthy condition and were not removed.

CASE 7.—Mrs. B., of Southern Kentucky. Ovaries and tubes healthy and were not removed. Uterus was held in front by silking worm gut sutures carried under the peritoneum of hhe uterus and brought out through the abdominal wall and fastened as in the first case. The sutures were not removed for two weeks. I did not scarify the uterus, and when the sutures were removed. I found that the uterus had returned to its abnormal position.

In some of these cases the sutures were removed within seven days, and the uterus is still adherent. Where the buried sutures were used, of course they were encysted or absorbed. In no case did I leave the sutures as long as fourteen days except in the last one, which is the only one of the seven cases in which the uterus did not remain adherent. In future I will always sacrify the uterus and I will either use the same method followed in cases one and seven, or use the buried silk, kangaroo or catgut suture. I have operated by other methods which I will report at another time.

Polk, Wylie, Dudley, and other operators, have treated retro-placed uteri by laparotomy and shortening the round ligaments before they leave the abdominal cavity.

THE LIBRARY TABLE.

BOOK REVIEWS.

A Clinical Text-Book on Medical Diagnosis. Physicians and Students. Based on the Most Recent Methods of Examination. By Oswald Vierordt, cent Methods of Examination. By Oswald Vierordt, M. D. Authorised Translation, with Additions. By Francis H. Stuart, A. M., M. D. Third Revised Edition. 8vo. pp. 700. With One Hundred and Seventy-eight Illustrations, many of which are in colors. Philadelphia: W. B. Saunders, 1894. Price, Cloth, \$4.00; Sheep, \$5.00; Half-Russia, \$5.50. Sold by subscription only.

This is the third edition of the English translation from the German of the well known work on medical diagnosis, by Prof. Vierordt, of the University of Leipsic.

That it has reached its third edition since 1891, together with the fact that it has been further translated into Italian and Russian, evidences its appreciation by the profession

Taking the book as a whole, it is a master-piece and ranks probably next to Von Jaksch. Slight exceptions may be taken to Jaksen. Slight exceptions may be taken to some of the statements, but these can scarcely impair the value of the work as a unit. For instance, in describing the method for counting red corpuscles, he directs that the blood shall be diluted with a three per cent. solution of sodium chloride. This is an error not confined to Vierordts' diagnosis, but is noted in two or three other works including even Von Jaksch, and suggests a strong probability of copying one from the other, rather than the outcome of a clinical ex-perience in blood work. A salt solution of this strength rapidly crenates the red blood corpuscles so that their enumeration is almost impossible. If salt solution is used at all it should be only six-tenths of one per cent, in strength—but in recommending this diluting fluid the author is not up to date, as it was clearly shown two years ago by Daland, and more recently corroborated by other observers, that by far the best fluid for diluting the blood is a two and one-half per

ent. solution of potassium bichromate.

In counting blood corpuscles he says, use a magnifying power of fifty; diameters. This must be an oversight as most authorities agree upon five-hundred diameters as the

proper magnification. He quotes from V. Jaksch, Osler, Dock, Shattuck, and others, as stating that a posi-tive diagnosis of malaria can be made by the

presence or absence of the plasmodium; which statement is misleading, for while the

which statement is misleading, for while the recognition of this parasite makes sure the diagnosis, our failure to find it in the blood does not positively exclude malaria.

In the section on "Examination of the Urinary Apparatus," we object to the statement that "exceptionally in health, there is found in the urine albumen, sugar, bile acids and fat." In describing the qualitative tests for albumen, Heller's, which is the most delicate test of all, is not even mentioned; and so, too, in speaking of sugar in the urine, Febling's in speaking of sugar in the urine, Fehling's test which is very delicate, is not given as a qualitative test, but in recommending it as a

quantitative method, he directs that Fehling's solution should be made by dissolving thirty-four thousand, six hundred and thirtynine grammes of sulphate of copper in 500 c. c. of water; which is just one thousand times as strong as is correct. "Roberts' differential density method," the most ethod," the most method for the practical quantitative physician, is omitted.

There are, however, so many points of excellence in the work, that these few exceptions should not detract from its very great merit. Under the name of *Plegophonia* is described a method of percussion devised by Scherwald which gives the same information as vocal resonance, and is substituted in those cases, where we do not wish the patient to speak aloud, as in hemoptysis and reritoritis. It consists in ausculting the lungs while a second person, or the patient himself, percusses upon the trachea.

The microscopic examination of sputum is very fully and well illustrated. The chapter on examination of the digestive apparatus is thorough and gives the naked eye and microscopic appearances of abnormal and normal secretions in the feces and gastric contents; including also intestinal parasites which are illustrated with many plates.

The nervous system, occupying 135 pages, is examined in detail and introduces numerous cuts and diagrams.

Then follows an appendix describing Laryn-goscopic and Ophthalmoscopic examinations of the throat and eye, and lastly a consider-ation of those bacteria which are concerned in the diagnosis of internal diseases, including those of suppuration, erysipelous, gonorrhea, anthrax, malignant cedema, typhoid fever, tuberculosis, leprosy, cholera and the bacillus of Finkle-Prior, closely identical with the cholera germ.

The work is a valuable addition to any medical library and is attractively mounted.

The Modern Climatic Treatment of Invalids with Pulmonary Consumption in Southern California. By P. C. Remondino, M. D. The Physicians' Leisure Library, 1893. Geo. S. Davis, publisher, 25 cts.

This neat little book contains ten chapters, and is replete with valuable hints to invalida seeking climatic treatment. Not only is the climate described, but also the best method of travel and the cost of living is given. The book may be profitably read not only by con-sumptives about to migrate to California, but also by physicians who advise their patients to seek this climate.

Clinical Gynecology; Handbook of Diseases Peculiar to, Women. By Thomas More Madden, M. D., F. R. C. S., Ed. Obstetric Physician and Gynecologist, Mater Misericordia Hospital, Dublin; formerly Examiner, Conjoint Board, Royal College of Surgeons and Apotheoaries Hall, Ireland. Consulting Physician, Hospital for Sick Children; Ex-Master National Lying in Hospital, etc., etc. With 259 illustrations and 545 pages. Published by J. B. Lippincott Co., Philadelphia, 1893.

The author has carefully embodied in this

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volume many valuable and important facts, derived from his own experience of careful study and observation made at the bedside; an experience which covers almost a quarter of a century and during which he has been able to separate the "chaff from the wheat."

of a century and during which he has been able to separate the "chaff from the wheat." It certainly is within the memory of all when gynecology and obstetrics were taught by only one member of the college faculty, and diagnosis and treatment of pelvic diseases were still somewhat obscure. Since, however, the mists have been cleared by the united efforts of our French, English and German confreres, much has been written, said and done to place gynecology upon a more accientific basis, and a race began among the various eminent authorities, in which refinements of diagnosis, statistical tables of work done, as well as various methods of treatment took their respective places.

It is with a mingled feeling of pride and gratification that America accepts the kind recognition our author sees fit to bestow; when he says, "Should we, however need, as we all sometimes do, further light to guide our steps in the often dark and difficult paths of gynecology, it is not to France or Germany, but to America that we may best turn for our guidance; inasmuch as modern gynecology, unquestionably, owes its present development chiefly to the influence and teaching of the American and British schools of medicine."

"Thus, the marvellous achievements of modern intraperitoneal surgery now daily exemplified in both these great divisions of Anglo-Saxon gynecological practice, and in the latter more especially by the results obtained by Spencer Wells, Lawson Tait, Keith, Bantock, Doran, Thornton and countless other specialists in the operative treatment of ovarian and uterine diseases formerly considered beyond the possibility of radical remedy, are but the fruition of the skill and courage of an American surgeon. Had we no other reason than this for gratitude to our transatlantic brethren, it should be sufficient for us to recall the memory of that first ovariotomist, who in a remote Kentucky village, alone and under the most unfavorable circumstances, successfully accomplished what the leaders of surgery in the great centers of European science, from Ambrose Pare to Hunter and Lizars, had long previously dreamed of, but had not ventured to attempt, and so inscribed the name of Ephraim McDowell in imperishable characters on the annals of medicine and humanity."

In the chapter devoted to the Methods of Examination and the instruments necessary, he makes two important introductory remarks too often lost sight of; first, that of all gynecological instruments the skilled hand of the surgeon is the most important; second, that every examination should be preceded by the liberal use on the hands of hot water, nall brush and some antiseptic

The author's consideration of the sound and its importance as an aid in making a diagnosis, is not borne out by most of the

American gynecologists, although great care in its use is advised. The dangers in using it are so much greater than any possible knowledge gained regarding the exact position of the uterus, since by so doing it may unintentionally become the repositor, which the author expressly condemns, and thus relight a smouldering fire since the position of a freely movable uterus can, as a rule, be determined as well, if not better by the bimanual method.

The chapter devoted to Injuries of the Perineum and their treatment, contains valuable hints regarding its protection during the second stage of labor. He further advises that any laceration extending beyond the fourchette, which might prove a probable channel for sepsis if neglected, should be dealt with immediately after the expulsion of the placenta. After describing all known methods used for a secondary repair, he ends with the description of Duke's method which has been so productive of good results in the author's hands that he uses it almost exclusively.

Alexander's operative treatment for backward or downward displacements or any modifications thereof, are rejected by the author as impracticable, since they seldom deal with the cause, only relieving a symptom; the ligaments being elastic, will be likely therefore to stretch again.

We regret, however, that the method of treatment advocated by Schultze should find favor with him, though he recognizes its dangers, for after having quoted from the experiences of Macan, A. J. Smith and others, he says: "The dangers of Schultze's method are the risks of hemorrhage from the freshly separated surfaces, of which Smith relates an instance, or of subsequent peritonitis, which according to the same writer, will not occur if a thorough examination and proper selection in the cases so operated on be previously made."

Considerably space is devoted to the various and varied modern treatments of the diseased pelvic organs. The author has given this subject careful study, describing in detail all the new theories, supplementing many such with good wholesome advice and thereby checking the young enthusiast from accepting too readily those "fancy operations that may more safely be demonstrated on the lecturer's diagram board than in a patient's body;" and yet with all, we are somewhat surprised to find that he approves of aspirating per vaginam, a hydro- or pyo-salpinx, repeating this operation two or three times, if needed, placing such treatment under the head of conservatism. To our minds the walls of the hydro- or pyo-salpinx are left and perhaps other smaller pockets in the tortuous tube. The patient's health is far from being restored, since this residue often acts like dry tinder ready to ignite on the slightest provocation. In speaking of catheterization of the tubes he states that while he knows it can be done in abnormally dilated tubes, he believes it to be by no means devoid of danger. We cannot do other than heartly agree with the author, when he condemns "nor-

mal ovariotomy for epilepsy or insanity" as a species of malpractice, but we feel certain that should, however, patients afflicted in that should, however, patients afflicted in the above mentioned manner, and both history and local conditions (diseased appendages) be present, he would not hesitate to relieve her of, at least, one source of nerve irritation; and his experience has also, no doubt, shown that some of the operated cases by an inexperienced or careless hand, have suffered and thus served to intimidate often not only another patient but also the often, not only another patient but also the operator.

In cases where removal of the appendages becomes necessary, he carefully describes the various steps of the operation.

There are several points on which American operators differ somewhat in the teachnique; for instance, drainage is generally used for a definite purpose, where pus has been present or when a large surface denuded of its peritoneum, and is decided upon before the wound is closed; the experience of most operators having been rather too unsatisfactory to rely on placing the drain secondarily; nor can we understand the necessity for cauterizing a stump after careful and secure ligation.

The after treatment also differs somewhat, since absolute rest of the stomach for at least twenty-four to forty-eight hours, has produced the best results, while the author advises chicken jelly four to five hours after operation, if wished for. The enema of Liq. opii sedativus in a wineglassful of iced champagne and Lithia water given after the operation, is also new to us.

The author takes up in turn the consideration of diseases of the uterus and their treatment, the complications sometimes following the puerperal period, ectopic gestation, etc., each being well worth careful perusal.

CURRENT LITERATURE REVIEWED.

IN CHARGE OF ELLISTON J. MORRIS, M. D.

THE SAINT LOUIS MEDICAL AND SURGICAL JOURNAL.

for January contains a paper by Dr. Edward Jackson, entitled

A Study of the Relation of General Disease to the Development of Cataract.

In brief, the points emphasized by the author are:

In general, senile change does not produce cataract, but predisposes to it.

The efficient determining causes of cata-

ract are both ocular and general.

The general causes of cataract are not particular diseases, as diseases are usually de-scribed and classified, so much as physicial conditions liable to arise in the course of various diseases.

The nature, prevention, and removal of these general conditions that underlie the development of cataract offer promising fields

The professional supervision necessary for the making of such a study is demanded by the interests of the individual patient.

Speaking more scientifically, the study of a cataract case should include the careful

testing of the vision at regular intervals.

The further examination of the eyes to determine in how far impairment of vision is due to cataract, and in how far it is due to other causes. The careful watching of the patient for other symptoms of impaired general health, especially for faults of circulation, digestion and assimilative metabolism.

Particularly at the first appearance of cat-aract, and at seasons of its rapid increase, would such a study of the case be of import-

Dr. Homer M. Thomas discusses the subject of

Pharyngo-Mycosis,

meaning thereby a parasitic fungoid condition of the pharynx, manifesting itself in

white patches of varying size resembling those seen in follicular tonsillitis, except that the mucous membrane about them preserves its normal hue. The tonsils, pharyngeal wall and base of the tongue are apt to be invaded. However numerous these small whitish projections may be, each spot is isolated, and they never form a continuous mass. After the tonsil, the glandular subtissue at the base of the tongue is most frequently affected; and the growth here may be extensive, the masses attaining the size of a pea. In some cases mycosis involves all parts of the pharynx. His experience in these cases leads him to believe that the galvano-cautery treatment is the most nearly a specific in the manage-ment of this disease of anything we have.

ment of this disease of anything we have.

The other papers in this issue are: "Excision in the Treatment of Spina Bifida, with the Report of a Case," by Dr. John B. Robberts, which has already been published in THE MEDICAL AND SURGICAL REPORTER, for January 8, 1894, page 15, and a continuation of the translation, by Dr. Charles Everett Warren, of the "Prognostic Aphorism," by Dr. Gabriel Reignier.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES

for February. Dr. Solomon Solis-Cohen contributes a paper on

Vasomotor Ataxia—A Contribution to the Subject of Idiosyncrasies.

The following is the author's summary of the paper:

1. By the term vasomotor ataxia, it it proposed to designate the condition of instability of the mechanism of circulation present in certain persons and characterized by abnor-mal readiness of disturbance with tardiness of restoration, of the equilibrium of the cardio-vascular apparatus. The manifestations are most strikingly displayed by the heart and by the peripheral vessels of the extremities, but analogy indicates the occurrence of similar phenomena in the vessels of the glands, and of the viscera, more especially those of the kidney, of the gastro-intestinal tract and of the brain. They may occur apparently spontaneously, but often there is a recognizable cause. Among the influences acting as excitants, are temperature, especially cold; toxic agents formed in the body, or introduced from without; visceral or internal reflex excitation and emotion. The stimulus may be applied centrally or peripherally, but in either case the resulting phenomena indicate a defect of central inhibition; the expression, probably, of functional or nutritional aberration in the great ganglia of the visceral nervous system, in the medullary centres, or in both. The morbid anatomy is uncertain, and the results of necropsies necessarily inconclusive.

Vasomotor ataxia may be acquired as a sequela of disease; in many cases it is congenital; in some cases inherited; the condition is not rarely present in several members of a family.

3. In some cases the phenomena are of paretic, in others of spasmodic character. Usually the two kinds of phenomena are displayed in varying degree in the same patient. Whether spasmodic or paretic the symptoms are suggestive of incoordination. They are always in some degree paroxysmal.

4. In exophthalmic goitre, especially, such cases as are produced by emotion or are markedly intermittent, is found the extreme type of the "relapsing" variety of vasomotor ataxia.

5. The form of Raynaud's disease, known as "local syncope" furnishes an extreme type of the "constrictive" variety; while "local asphyxia" exhibits phenomena of both abnormal relaxation and abnormal constriction of the vessels.

6. Between these two extremes are numberless gradations down to the slighest departure from normality; while even the extreme symptom-group represent merely exaggerations of phenomena that under certain conditions occur in normal individuals.

7. Dermographism is an essential feature of vasmotor ataxia, and in most cases factitious urticaria can readily be produced by cold or by pressure or by both; mottlings of the skin, certain peculiar markings of the nails, telangiectases and stigmata are common.

8. There is usually a hemorrhagic tendency, as shown by ecchymoses, petechiæ, epistaxis, hæmotysis, hæmatemesis, hæmaturia, and retinal hemorrhage.

9. Even in the absence of hæmaturia, red blood-cells are often found in the urine; uric acid, urates, and oxalates are likewise common; the presence of albumin, tube-casts, and cylindroids is less common, and is usually intermittent. Glycosuria has been observed.

In many striking cases there has appeared to be morbid alteration of the thyroid gland.

11. The action of the heart is usually rapid, irregular, and easily disturbed; palpitation

is common, and intermittent tachycardia has been noticed. Hæmic and functional murmurs are not uncommon.

12. Among others symptoms and morbid associations observed are anæmia, hysteria, drug idiosyncrasies, urticaria, local ædema. hyperidrosis, angina pectoris, and pseudoangina, organic heart disease, pulmonary tuberculosis, asthma, hay-fever, vertigo, migraine and other forms of headache, transient hemiopia and other visual disturbances, persistent mydriasis, astigmatism, myopia, menstrual irregularities, intermittent polyuria rheumatism, rheumatoid arthritis, contractures of digits, chorea, epilepsy, neurasthenia, neurotic dyspepsia, gastralgia, enteralgia and membranous enteritis—most of which are doubtless fundamentally related, as effects of a common cause, or as secondary results.

13. In making the diagnosis of simple vasomotor ataxia, it is necessary to exclude primary organic disease. The occurence of such disease later does not invalidate the original diagnosis. The development of pulmonary tuberculosis in some cases is probably a sequence of vascular and atrophic disturbance in the lung. Cardiac hypertrophy and renal lesion may likewise be among the results of disordered circulation.

Dr. Edward P. Davis discusses

The Toxemia of Pregnancy: Its Diagnosis and Treatment.

By the term toxemia of pregnancy we understand a condition occurring in the pregnant woman in which toxic material is present in the body to excess. The mode of productions of the toxins, or poisonous waste, which threaten the pregnant women is not clearly understood though the author thinks it is in all probability due to bacteria. He urges most strongly the careful chemical and microscopical examination of the urine of all pregnant women. The treatment must be instituted with reference to promoting the action of five excretory organs—namely, the kidney, liver, intestine, skin and lungs. A milk diet is indicated in the author's opinion, but when nutrition suffers from the monot-ony and distastefulness of milk, we should not hesitate to give a more liberal diet. Fish and oysters, the white meat of fowls, fruits in abundance, and the more digestible sort of bread, fresh and nutritious, form a usually acceptable diet. Pure water must be taken but not in excess, as it is possible to seriously embarrass the kidneys by a sudden increase in the amount of fluid taken. Tea had better be omited, while the diuretic effect of coffee is sometimes of value. The occasional use of calomel and soda to promote the action of the liver and kidneys is of service; but should be followed by a purgative producing free and liquid stools. For this purpose salts of potas-sium should be avoided because of the irritant properties produced by potassium when introduced into the fluids of the body. Colocynth is a convenient and efficient drug for this purpose. The bath and pack are the only efficient remedies which experience suggests in promoting the excretory action of the skin. Where the hot bath is depressing,

the warm bath, accompanied by the ingestion of a small quantity of hot water, is of de-cided value. This may be well taken just be-fore retiring, thus avoiding the danger of ex-posure to cold following the bath. Where a condition of moderate toxemia exists, or concondition of moderate toxesmis exists, or con-tinues for a long time, yielding to treatment with difficulty, great benefit will be found from gentle massage; this should include the limbs and back, avoiding the abdomen. It may well be given at night, followed by the bath, and often secures for the patient a refreshing sleep. The importance of fresh air in these cases cannot be overestimated.

in these cases cannot be overestimated.

As regards the cardinal principles of treatment, the author is opposed to the use of sedatives and narcotics; the patient's need is for elimination, and that must be secured as promptly as possible. The sedative effect of eliminative treatment is often remarkable. In the face of threatened eclampsia, our duty lies in the prompt emptying of the uterus. If an anæsthetic is required, the author favors chloroform. In his experience, it is a mistake to employ drugs which tend to depress the patient, and favor the occurrence of edema; such as pilocarpine. When stimulation is needed, he has seen benefit from alcolation is needed, he has seen benefit from alcohol, digitalis, and in cases of eclampsia when labor had terminated and exhaustion threatened, in the hypodermic use of strychnia.

The remaining papers is this issue, are: The conclusion of a paper by Dr. W. W. Keen, entitled: "Four Cases of Brain Tumor, in Three of which operation was done-two operative recoveries—ultimate death in all;"
"On Ascites connected with Nutmeg Liver,"
by Dr. John Syer Bristowe, and "A Contribution to our knowledge of Epidemic Cerebro-spinal Meningitis," by Dr. Simon Flexner
and Dr. Lewellys F. Barker. This paper is
illustrated with saveral woodcuts and one illustrated with several woodcuts, and one colored plate showing sections of the spinal cord of a patient dead from the disease. The paper will be concluded in the next issue of the journal.

BABYHOOD

for February contains an article on "Cold Hands and Feet," by Wm. H. Flint, M. D. See page 246. Dr. D. J. Milton Miller writes of

The Evils of Indiscriminate Drug Giving in Infants and Children.

While the writer does not insist that there shall be no domestic medication, he does protest against the reckless and haphazard use of drugs by the laity for all manner of supposed and real illnesses in children. He refers to the great abuse of laxative drugs, and states that castor oil, magnesia, and rhubarb are the most commonly used and abused drugs of this class. Among the alkalies, soda and soda mint are much used in the nursery for flatulence, nausea, and sick-headache, when the diet is really at fault.

The use of opiates, however, in the hands of the unintelligent is the most reprehensible. Children are peculiarly susceptible to this drug, and cases of death are on record for

which it is responsible. Administered in small doses continuously it brings about a low

condition of the system, attended with con-stipation and failing appetite.

The emetics, epecac and hive syrup, are in common use in the nursery and are valuable in the hands of an experienced mother in cases of croup, but should not be used for more protracted ailments, as bronchitis and whooping cough. With reference to external medicines, the writer says blisters should not be used. Mustard plasters need caution in their use. No drops should be instilled into the ear for ear-ache or to cure a discharge. Sore eyes should be promptly seen by a physician.

Finally, the ailments of childhood have a tendency to self-cure, and the parents should avoid drug giving or give only simple remedies, lessen the diet and keep the child in bed or in the room; and if improvement does not speedily occur, a competent medical adviser should be sought.

Dr. Chas. G. Kerby contributes an article on

Dentition.

He says that the effect of this process on a child's organization is greatly overestimated, and bases some deductions on a thousand cases of this character. He divides the whole number into three groups: "The Breast Fed;" "The well-managed Artificially Fed:" "The badly Fed." In the majority of the first class the teeth were cut with practically no disturbance. In a very few there was irritability and restlessness, with some rise of temperature. The second class, or well-managed artificially fed, experienced no serious inconvenience. There was, however, more of tendency to reastro-intestinal complications. a tendency to gastro-intestinal complications. To the third class, the badly fed, belong the great number of unfortunates who are given any and all sorts of food before the system any and an sorts of food before the system requires or the digestive organs can bear such a diet. These are the infants who are said to "teeth hard." They have vomit-ing, diarrheea, convulsions, fever, bronchitis, skin diseases, rhinitis, adenitis, otitis, stoma-titis, coincident with teething; and the part which it plays in the matter is a very small one. The majority of the infants of the third class are rachitic and are far more liable to catarrhal troubles.

Irritability, restlessness, slight fever and gastro-intestinal derangement are the only symptoms that would be connected with dentition. The writer has never seen "tooth cough" or "tooth bronchitis," nor has he been able to trace a positive connection be-tween dentition and skin diseases, tonsilitis, adenitis, stomatitis or convulsions. A fourth class, few in number, is the delicate offspring of healthy parents, such children often suffer from dentition.

A pernicious belief among the poorer classes is that a bronchitis need not be treated and that a diarrhees is beneficial during the teething process. The giving of drugs for irritability and restlessness is seldom necessary. Gum-lancing is rarely required.

PERISCOPE.

THERAPEUTICS.

Cocaine Wakefulness.

An interesting case of wakefulness by cocaine is reported by J. W. Stickler (Medical Record, January 13, 1894). The awakening effect of cocaine was not overcome by comparatively large doses of chloral and oplum, as will be seen in the following instance: For the pain of toothache a patient took into his mouth nine grains of cocaine in solution, a small portion at a time, holding it till the accumulation of saliva became so abundant that he had to spit it ont. He began using the cocaine in this manner at 5 p. m., and did not cease till 10.22 p. m. the same evening. As it was then bed time he thought he would make sleep certain by taking twenty grains of chloral. Immediately after taking the latter drug he took into his mouth some more cocaine and went to bed. He "swashed" the cocaine solution about in his mouth awhile, then spat it out, turned on his side and tried to go to skeep. Sleep, however, did not come; on the contrary, he did not even become drowsy. Having lain awake till midnight, and not feeling sleepy at that hour, he took, as nearly as he could tell, about one tecapoonful of laudanum. He went to bed again and remained awake till three o'clock. Sleep lasted only two hours. Following this there was headache.

Tuberculin Treatment in Egypt.

According to the British American Journal, Schiess and Kartulis give results of treatment with tuberculin in forty-eight tuberculous patients. They find that in the Egyptian climate the treatment is harmless if commenced with small doses, and even patients with anvanced phthisis may be treated by this method. They have compared their cases with others in which, though tuberculin was not used, the other conditions were the same. Their conclusions are in favor of the use of tuberculin; by its aid they say, commencing pulmonary tuberculosis gets well certainly, and in a few months, while advanced cases may also recover, although more slowly. Very severe cases, with vomicæ, hectic fever and night sweats, are unsuitable for this treatment. Scrofuloderma got well more quickly than lupus and tuberculin was also found useful in certain tuberculous affections of the joints and bones, in combination with surgical treatment. The Egyptian climate is, they think, especially suitable for the tuberculin treatment.

The Treatment of Convulsive Attacks by Anæsthetics.

In the Medical Record of October 31, 1898, W. S. Magill described what he termed a "new and rapid method of anæsthesia," which consist principally in the administra-

tion of ethyl bromide first, this being continued by that of chloroform. In a later note (Medical Record, January 13, 1894) Magili invities attention to the utility of this combined process of anæsthesia for the abortive treatment of convulsive attacks in eclampsia, epilepsy and hysteria. The rapid action of the ethyl bromide-abolition of reflex action in thirty to sixty seconds, serves frequently to abort completely the convulsion; and in case of persistence of the tendency to convulsions (subintrans), the continuance of anæsthesia with chloroform prolongs the therapeutical action ad lib. Theoretically the stimulus of the salivary and sudoral glands (organs of elimination), exercised by the inhalation of ethyl bromide, should be particularly useful in eclampsia, and other convulsions of toxic origin.

MEDICINE.

Hot Water in Acute Alcoholism.

Burson (North American Practitioner, April, 1893) presents a series of eight cases of acute alcoholism treated by the administration of hot water in cupful doses, every hour, or more or less frequently. They were all males, and all gave a history of habitual alcoholism. One case was complicated with contusions; one with a fracture of the tibia; two with pneumonia; one with la grippe, and one with a traumatic hæmothorx. One had been given bromide of potass. (80 gr.) and choral (15 gr.) every hour for twenty-four hours, and one bromide (30 gr.) alone for five hours, with little sedative effect; and another had been given small amounts of whisky for three days without appreciable influence. All were confined to bed; some were restrained forcibly, and all received a cupful of hot milk every two hours as nourishment. The delirium averaged from two to three days after the treatment had been started, improvement beginning shortly after the beginning of the treatment. The author holds hot water to be decidedly indicated to relieve the inflammation of the gastric mucus membrane; to wash away the mucus covering it; to increase the inter-arterial blood pressure, and diminish the cardiac rate which have both been modified by the alcohol, as well as to quiet the nervous system and soothe the kidneys. It is also of great aid in removing the alcohol present, mixture being readily formed between warm water and alcohol.

Typhoid Bacilli Conveyed Through the Air.

Formerly the spread of Typhoid fever through the air as a medium was regarded as a common occurrence, later this idea was no longer adhered to, as soon as it became known that a specific micro-organism was essential to the production of the disease, and that the agent could only be disseminated through the air in a dried condition. To-day

the question has been again brought forward. Various experiments and observations have been made with a view to ascertaining whether typhoid bacilli are capable of being transferred through the air. Still the re-searches thus far carried out lack two important considerations, viz: First, the positive identification of the typhoid bacilli; and Second, the duration of their vitality in a dried atmosphere.

The author in his experiments fulfilled these conditions scrupulously, and arrived at the conclusion that typhoid bacilli are conveyed to the air in a dried state from garbage and clothing, and that the bacilli retains their vitality for from several days to two weeks.

—Prof. Uffelmann, (Wien. Med. Presse.)

Flies and the Diffusion of Pathogenic Bacteria.

Dr. Simmonds' investigations on the transportation of cholera bacilli by flies, are of interest in that they give in the form of a definite experimental observation what has long been almost common knowledge. It is well known that flies that have access to tuberculous sputum take the tubercle bacilli into their intestines. If the flies are axamined histologically sometime after these bacilli may be demonstrated with the utmost bacilli may be demonstrated with the utmost readiness by the ordinary methods. It is probable, indeed almost proved, that other disease germs, such as the bacillus anthracis are carried from point to point by flies and now this has been superfically proven in the case of the cholrea vibrio. Dr. Simmonds placed a number of flies, which had from time to time settled on the viscera, etc. of a cholera case on which he was performing a port-mortem examination, in a flask large enough to allow of their free movement. soon as they had been moving about long enough to insure their having got rid of most extraneous particles (about three-quarters of extraneous particles (about three-quarters of an hour) they were placed in a tube containing suitable nutrient gelatin, from which plate cultures were made. In a couple of days these plates were covered with colonies of the cholera bacillus, and the proof was complete. The influences to be drawn are obvious. The humble fly-paper vender is a far more useful and important personage than has yet been acknowledged.— Brit. Med. Jour. Med. Jour.

SURGERY.

Transplantation of Free Cutaneous Flaps Containing Subcutaneous Adipose Tissue.

After combatting the opinion that all vital changes cease in a flap immediately the blood current ceases, he showed that circulatory currents continued for some time after removal of the flap, and furnished the first agglutinative material. It is evident that these current will be more lively, the more rich the flap is in blood vessels, and Diffenbach has shown that free flaps adhere more easily if one causes them to become congested by previously tapping and rubbing them.

He operated with complete success on four

patients, in the following manner:
After the application of Esmarch's bandage to the upper extremity, he struck for two or three minutes the upper and inner part of the arm with a rubber hammer. Then he cut a quadri-lateral flap of slightly larger dimensions than the loss of substance, dedimensions than the loss of substance, de-tached it from the subjacent aponeurosis on three sides, leaving it attached by a pedicle turned towards the wrist. The ulcer was then vivid, and all bleeding stopped. He then removed Esmarch's bandage, and in a few minutes the flap became red and turgid. Its attachments were cut with strong scissors, and the flap was carefully applied to the loss of substance. He used gauze, or lint, as a dressing.—Hirschberg, Frankfort.

Bremann (Halle). Treatment of Gunshot Wounds of the Abdomen,

A resume of his conclusions, based on observation of cases, is:

1. In all gunshot wounds of the abdomen, accompanied immediately with signs of a lesion of the stomach or intestine, or of a severe internal hemorrhage, laparotomy should be done at once.

2. Laparotomy is also urgently indicated in cases where the seat and the direction of the projectile admit the possibility of a wound in the stomach or intestine.

In support of this statement, he quotes MacCormic's statistics, that ninety-nine per cent. of patients not operated on will die.

Korte, "Intestinal Obstruction by Biliary Calculi."

The author has operated on three patients with the above condition, with two cures and one death. In all the cases the stones, although they were not very large, were so fixed that they could not be pushed forward or backward. Two were situated in the ileum, and one in the sigmoid flexure. The clinical symptoms were those of a very grave strangulation.

Medical treatment produced no good result.

The calculus was easily found, the intestine was opened by a longitudinal incision, the stone removed, and the wound sutured.

OBSTETRICS.

Chloroform in Labor.

Dr. Eldrige C. Price says: If the pains are very sharp, I generally give chloroform, but only to take off the sharp edge of the pain and not for one moment to produce insensibility. I call for a tumbler produce insensibility. I call for a tumbler that is wide at the top, or perfectly cylindrical if I can get it; if that cannot be obtained a mug. Take a fine sponge or an old hankerchief, or a small napkin or a piece of muslin rag, that will fill the glass nearly half full, pour about a half teaspoonful of chloroform on the cloth and as soon as the pain comes on hold the glass inverted about half an inch

from the patient's nose. As soon as the pain passes off invert the tumbler on a marble top stand, or on a dinner plate, which prevents the evaporation of the chloroform but retains the vapor, so that it will smell stronger when you take it up again than when you put it down. As soon as the pain returns are the chloroform as the pain returns again use the chloroform as before. Add more chloroform when necessary. If I wish to produce insensibility I put an extra quantity of chloroform on the glass and let the patient inhale without interruption until unconscious. Then and only during the pain the patient does not become unconscious, but can scarcely get done thanking you for the relief.

I have never known the least unpleasant symptoms to occur from giving chloroform in this manner; but if profound insensibility is induced it is very apt to arrest the pains for from half an hour to an hour.—New York Medical Times.

ARMY AND NAVY.

U. S. ARMY FROM JANUARY 21., 1894, TO FEBRUARY 10, 1894.

Colonel Joseph R. Smith, and Colonel Bernard J. D. Irwin, Assistant Surgeons General, U. S. Army, are detialed to represent the Medical Congress, to be held at Rome, Italy, March 29-April 5, 1894, and will pro-ceed to the place designated at the proper time.

Lieut. Colonel Francis L. Town, Deputy Surgeon General, U. S. Army, is relieved from duty at Fort Porter, New York to take effect on the expiration of his present sick leave of absence, and will report in person to the commanding General, Dept. of the Missouri for temporary duty in the office of the Medical Director of that Department.

Frst Lieutenant Euclid B. Frick, assistant

Fret Lieutenant Euclid B. Frick, assistant surgeon, United States army, is relieved from duty at Fort Keogh, Montana, and ordered to Fort Townsend, Wathington, for duty at that post, relieving Captain Robert R. Ball; assistant surgeon. Captain Ball on being relieved by Lieutenant Frick, will report in person to the commanding officer, Fort Monroe, Va., for temporary duty. First Lieutenant Madison M. Brewer, Assistant Surgeon, will, upon the arrival of Captain Ball, be relieved from temporary duty at Fort Monroe. va., and will return to his proper station,
Fort Riley, Kansas.
Leave of absence for one month is granted

Captin Reuben L. Robertson, Assistant Sur-eon U. S. Army, with permission to apply for an extension of one month.

The following named officers of the Medical Dept. are relieved from duty in this city to take effect upon the completion of the present course of instruction at the Army Medical School and are assigned to duty at the stations hereinafter designated:

1st Lieut. William W. Quinton, Asst. Surgeon, Fort Riley, Kansas; 1st Lieut. Thomas S. Bratton Asst. Surgeon Fort Niobrara, Nebraska; 1st Lieut. Deane C. Howard, Asst. Surgeon, Fort Buford, North The following named officers of the Medi-

Dakota; 1st Lieut Alexander S. Porter Asst, Surgeon, Fort Keogh, Montana; 1st Lieut, William H. Wilson, Asst. Surgeon, Fort

Leavenworth, Kansas.
Leave of absence for two months, with per-

mission to go beyond sea is granted Major Robert M. O'Reilly, Surgeon, U. S. A. Ist Lieut Benjamin Brooke, Asst. Surgeon, is relieved from duty at Fort Leavenworth, Kansas, to take effect upon the arrival of lst Lieut. Wm. H. Wilson, Asst Surg. at that post, and ordered to Camp Pitot Butte, Wyoming, for duty.

NEWS AND MISCELLANY.

A board of medical officers will meet, Monday, April 16, 1894, in Washington, D. C, for the purpose of examining candidate the purpose of examining candiates for appointment to the grade of Assistant Surgeon, in the Marine Hospital Service.

For further information address THE SUPERVISING SURGEON GENERAL, U. S. Marine Hospital Service, Washington, D.C.

Smallpox.

There is not much change in the smallpox situation. In this State there are nine points situation. In this State there are nine points where the disease exists, five of them in Berks County, and at nearly all of them under complete control. The case found at Williamsport on January 28th is the first new infected locality reported in three weeks. This city has, so far, escaped and the outlook in the State is hopeful. New cases are daily found at Chicago and New York, and the disease is slowly increasing in both cities. found at Unicago and New York, and the disease is slowly increasing in both cities. A case was reported at St. Louis, and one at Cotton Hill, Ill., the origin of both being traced to Chicago. On January 22d two cases were removed from the old Homeopathic Hospital on Ward's Island, and three days later one was taken from the Insane Asylum later one was taken from the Insane Asylum on Ward's Island. A short time ago there was a case found in one of the public schools of Boston, and on January 27th three cases were discovered in the Cook County Hospital, Chicago. The existence of the disease has also been reported at several places in Virginia near the Tennessee line.

Higher Requirements for Entrance to Med-ical Colleges.

The Illinois State Board of Health amended the schedule of requirements for admission to medical colleges by taking out of the hands of the colleges the examination in the nands of the colleges the examination in the elementary branches of education, and requiring either a certificate or diploma from a literary and scientific college or high school or, at least, a second grade teacher's certificate. A curriculum of studies for schools of midwifery was also adopted. A committee was appointed to draft an outline of sanitary work throughout the State, and the secretary was ordered to issue a "preventive disease" circular on tuberculosis.